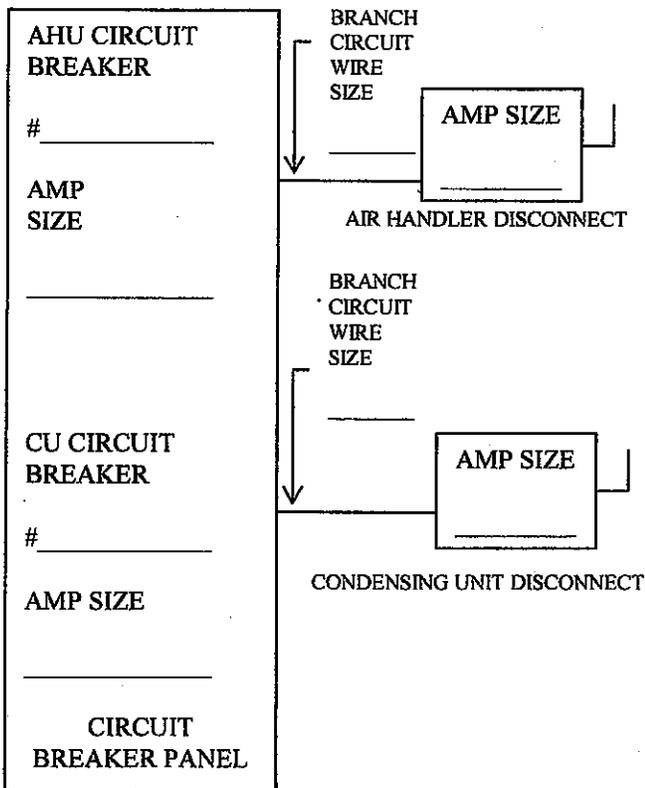


**City of Miami Springs
AIR CONDITIONING EQUIPMENT
EXACT CHANGE OUT
AFFIDAVIT FORM**

ALL INFORMATION MUST BE FILLED IN ACCURATELY
THE FOLLOWING INFORMATION REPRESENTS THE EXISTING CONDITIONS

ADDRESS: _____



Disconnect Mounting Location Information

Mounted on AHU Unit? Yes ___ No ___
 Above Base Flood Level? Yes ___ No ___
 Clear workspace 30" wide & 36 front? Yes ___ No ___

Mounted on C/U unit? Yes ___ No ___
 Above Base Flood level? Yes ___ No ___
 Clear workspace 30" wide & 36 front? Yes ___ No ___

Low Voltage thermostat wiring is installed in a separate raceway from power wiring? Yes ___ No ___

**THE FOLLOWING REPRESENTS THE NEW EQUIPMENT
NAME PLATE INFORMATION**

=====NEW AIR HANDLER UNIT=====NEW CONDENSER UNIT=====

MINIMUM CIRCUIT AMPACITY? _____

MINIMUM CIRCUIT AMPACITY? _____

MAXIMUM OVER CURRENT SIZE? _____

MAXIMUM OVER CURRENT SIZE? _____

ELECTRIC HEATER KW SIZE? _____

I as qualifying agent for the air conditioning equipment installation at the above address location hereby attest:
The above information provided for the new equipment is accurate and truthful.

COMPANY NAME

QUALIFIER'S NAME

QUALIFIER'S SIGNATURE
