

INITIAL INSPECTION REQUEST MOBILE OR TEMPORARY COOKING UNIT

FORM MUST BE COMPLETED OR REQUEST WILL BE RETURNED.

REQUEST MUST BE ACCOMPANIED BY A \$50.00 CHECK OR MONEY ORDER.

Please send request and check or money order to:

Office of the State Fire Marshal
Attn: Inspections Division
1700 MacCorkle Avenue SE - 4th Floor N
Charleston, WV 25314

Phone: (304) 558-2191

Type of Unit: Food Truck Food Trailer

I am requesting a fire safety inspection for the unit listed below:

NAME OF UNIT: _____

SECONDARY NAME OF UNIT (IF APPLICABLE): _____

CITY WHERE INSPECTION WILL BE PERFORMED: _____

COUNTY WHERE INSPECTION WILL BE PERFORMED: _____

CONTACT PERSON: _____

CONTACT PHONE: _____ OTHER PHONE: _____

VIN: _____

PLATE #: _____

TYPE OF SALES (I.E. TYPES OF FOODS/BEVERAGES SERVED): _____

Internal Use Only		
Reference #	Check #	Invoice #
	Amount	