

**please send form via:**  
**Phone # 714-696-7535**  
**Fax # 714-696-7545**  
**Email: ITS@imperialsprinkler.com**

# CERTIFICATION REQUEST FORM

Please provide as much information as possible on your request to insure promptness

<b>Job Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>Zip Code</b> _____
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<b>Owner / End user</b> _____ <b>Phone #</b> (    ) _____ <b>Contact</b> _____
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<b>Contractor / Company</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>Zip Code</b> _____ <b>Ph#</b> (    ) _____ <b>Fax#</b> (    ) _____ <b>Email Address</b> _____ <b>Field Contact</b> _____ <b>Ph#</b> (    ) _____
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<b>Product Info:</b> <b>Model #</b> _____ <b>Serial #</b> _____ The serial # is located inside the enclosure on the back board, it contains our Company Logo and phone number. It must be provided before the certification takes place <b>PLEASE CHECK IF ANY OF THE FOLLOWING OPTIONS ARE INSTALLED</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Rain Sensor</td> <td><input type="checkbox"/> Radio Remote Adaptor</td> <td><input type="checkbox"/> Radio Remote Card</td> </tr> <tr> <td><input type="checkbox"/> Surge Suppressor</td> <td><input type="checkbox"/> Master Valve Timer</td> <td><input type="checkbox"/> Master Valve Relay</td> </tr> <tr> <td><input type="checkbox"/> Pump Start Relay</td> <td><input type="checkbox"/> High Flow Shut-off</td> <td><input type="checkbox"/> Flow Sensor _____(Size)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Rain Sensor	<input type="checkbox"/> Radio Remote Adaptor	<input type="checkbox"/> Radio Remote Card	<input type="checkbox"/> Surge Suppressor	<input type="checkbox"/> Master Valve Timer	<input type="checkbox"/> Master Valve Relay	<input type="checkbox"/> Pump Start Relay	<input type="checkbox"/> High Flow Shut-off	<input type="checkbox"/> Flow Sensor _____(Size)	<input type="checkbox"/> Other _____		
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<input type="checkbox"/> Pump Start Relay	<input type="checkbox"/> High Flow Shut-off	<input type="checkbox"/> Flow Sensor _____(Size)										
<input type="checkbox"/> Other _____												

**The following items must be installed or completed before any certification request**

By signing below I acknowledge and agree if any of the below items that apply are not completed and the ITS technician cannot complete the certification process; there will be a service fee of \$100.00 per hour for his return and completion of the certification process.

\_\_\_\_\_  
 (customer signature required)

- Concrete / Mounting Pads**
- Conduit** (Electrical, Flow Sensor, Communication)
- Water**
- Flow Sensor** (if applicable)
- Pole Mount Equipment** (if applicable)
- Communication Cable** (if applicable)
- Specified Components and Cable**
- Grounding** (Rods, Wire, Clamp)

- Valve Wiring**
  - Flow Sensor Cable** (Per Specifications)
  - Phone Line** (If applicable)
- Master Valve Info:**  
 -Master Valve Installed: **YES**    **NO**  
 - **OPEN OR CLOSED**  
 -**Brand:** \_\_\_\_\_  
 \_\_\_\_\_ **Power** (Provide per National Electric Code)