

CERTIFICATION REQUEST FORM

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

Job Name _____ Address _____ City _____ Zip Code _____
--

Owner / End user _____ Phone # () _____ Contact _____
--

Contractor / Company _____ Address _____ City _____ Zip Code _____ Ph# () _____ Fax# () _____ Email Address _____ Field Contact _____ Ph# () _____
--

Product Info: Model # _____ Serial # _____ 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 PLEASE CHECK IF ANY OF THE FOLLOWING OPTIONS ARE INSTALLED <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Rain Sensor</td> <td style="width: 33%;"><input type="checkbox"/> Radio Remote Adaptor</td> <td style="width: 33%;"><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 _____		
<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 _____												

Form of payment: PO# _____ Credit Card _____ Check/ Cash _____
 (please provide PO# or check one of the above options)

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

 (customer signature required)

- | | |
|--|--|
| <input type="checkbox"/> Concrete / Mounting Pads
<input type="checkbox"/> Conduit (Electrical, Flow Sensor, Communication)
<input type="checkbox"/> Water Supply
<input type="checkbox"/> Flow Sensor (if applicable)
<input type="checkbox"/> Pole Mount Equipment (if applicable)
<input type="checkbox"/> Communication Cable (if applicable)
<input type="checkbox"/> Specified Components and Cable | <input type="checkbox"/> Grounding (Rods, Wire, Clamp)
<input type="checkbox"/> Power (Provide per National Electric Code)
<input type="checkbox"/> Valve Wiring
<input type="checkbox"/> Flow Sensor Cable (Per Specifications)
<input type="checkbox"/> Phone Line (If applicable)
<input type="checkbox"/> Master Valve
<input type="checkbox"/> Master Valve Relay Wiring |
|--|--|