POWER ELECTRONICS SERVICE

service@myerseps.com Phone: (610) 868-5400

To be completed by electrical contractor or other requester

Startup		Training	Other service	
Job Site Name : _				
Job Site Address :				
_	City		State	Zip code
Distributor :			Purchase Order Number :	
Electrical Contractor :			Phone Number :	
Person to Contact :			Phone Number :	
Owners Contact :			Phone Number :	
Date Service is Requested :				
			e Notice Required ***	
Serial Number :		Pa	rt Number :	
*** Se	erial Number must be	e filled ***		
•	•	•	previous commitment, job prior	• •

existing field service schedule, considering geographical location.

2) A service date will not be set until this form has been completed and returned. Once it has been received the manufacturer will make every attempt to meet the requested service date.

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO START-UP SERVICE BEING SCHEDULED (NO EXCEPTIONS) CHECK OFF EACH ITEM BELOW TO CONFIRM THAT IT HAS BEEN COMPLETED

> 1) Physical installation is complete. This includes the installation and wiring of the batteries in their designated location according to the battery layout provided with the system.

Note: Batteries should be inspected for damage prior to sending in this form.

2) Electrical connections have been made "both input and output" to the system and all loads are connected and ready to have power applied.

Loads should be tested for shorts prior to connecting to system.

- 3) If owner training is required at time of start-up the contractor must coordinate this training with owner. If additional day of training is required there will bean addittional charge
- 4) If COI is required please provide example showing additional insured. Is OCIP/CCIP required to work on site

If video tape training is required contact factory for additional "Video Tape Training Agreement" Form. This form must be completed prior to video tape training being allowed by factory. Return service trips for owner training will be at an additional expense.

I DO HEREBY CERTIFY THAT THE ABOVE CONDITIONS HAVE BEEN MET AND ANY ADDITIONAL EXPENSES INCURRED IF THE SYSTEM IS NOT READY FOR START-UP WILL BE INVOICED TO ME.

Company :	
Print Name :	
Signature :	
Date :	