Cummins-Wagner Co. Customer Cemline Start-Up Request Form*

Date			
Project Name:			
Project Location:			
Contractor: Jo	ob Contact:	,	
Phone:			
Fax:			
Type of Service Requested: Start-U	р _	Training	
Equipment to Start-Up – Model#			
	Yes	<u>No</u>	
Unit securely mounted			
Steam connected and available			
Power connected and available			
Water connected and available			
Condensate piping connected			
Control air connected and available			
I Hereby Authorize The Request To Start-U Installed And Ready For Start-Up As Indicate Call.			
Signature:	_	Date:	
Person & Company Requesting Service:			

• Return This Form To: Service Dept. Fax# 301-490-9518