

A 100% Employee-Owned Company

Mechanical Equipment

Sales & Service

CEMLINE STARTUP REQUEST FORM

Please return this form to MDServiceSupport@cummins-wagner.com or Fax# 301-490-9518

<u>Type of Service Requested:</u> (please check appropriate box)		Start Up:		1	Training:			Requested Date		
Contractor:						C-W Sales Engi	neer:			
Project Name:										
Address:				City:			State:		Zip Code:	
Jobsite Contact:					Jobsite Co	ntact Number:				
Project Manager:					Project N	Ianager Phone:	Office:		Cell:	
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Equipment to be Started / Demonstrated (Please list equipment Model Number, Horse Power or Btu's)

Cemline Start up Requirements:		Yes	No
1.	Are all the units ready for start up?		
2.	Confirm <u>all</u> uits piped in correctly, per the installation & operation manual?		
3.	Steam connected and available?		
4.	Power connected and available?		
5.	Condensate piping connected?		
6.	Control air connected and available?		

Authorized Signature:	 Date:
Printed Name:	 Title:

I hereby authorize request for Start-Up and/or alignment. I acknowledge that all equipment deemed not ready for requested service is subject to additional cost to complete start-up and/or alignment.