



"A 100% Employee Owned Company"

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Mechanical Equipment
Sales & Service

CEMLINE START UP / TRAINING REQUEST FORM

Return This Form via Email MDSERVICESUPPORT@CUMMINS-WAGNER.COM or Fax# 301-490-9518

Form with fields: Date Requested, Type of Service Requested, Start Up, Training, C-W Sales Engineer

Form with fields: Contractor, Project Name, Address, City, State, Zip Code, Jobsite Contact, Jobsite Contact Number, Project Manager, Project Manager Phone, Office, Cell

Equipment to be Started / Demonstrated (Please list equipment Model Number)

Table with 3 columns: Hydronic Pumps, Yes, No. Rows include: Unit(s) are piped and mounted correctly, Steam connected and available, Power available and connected, Water connected and available, Inspect Area around pump for recommended service clearance, Condensate piping connected, Control Air connected and available, Pipes are supported independently of the pump.

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

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

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