



"A 100% Employee Owned Company"

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Mechanical Equipment
Sales & Service

START UP / TRAINING REQUEST FORM

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

Form with fields: Type of Service Requested, Start Up, Training, Requested Date, Contractor, C-W Sales Engineer, 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, Horse Power or Btu's)

Table with 3 columns: Hydronic Pumps, Yes, No. Contains 12 checklist items for pump installation and service.

Table with 3 columns: Boilers or Water Heaters, Yes, No. Contains 6 checklist items for boiler/water heater installation.

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.

www.cummins-wagner.com

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