



"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

Type of Service:
(Please check appropriate Box)

Start Up:

[]

Training:

[]

Date Requested:

(if different dates please note in comment section)

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

List of Equipment: Please provide Quantity with Model Numbers for Boilers & Water Heaters. Please include Model & Horse Power for Pumps.

Table with 3 columns: Description, Yes, No. Rows include Hydronic Pumps checklist items like 'All pumps are mounted correctly', 'Check that a section of straight pipe...', etc.

Table with 3 columns: Description, Yes, No. Rows include Boiler / Water Heater checklist items like 'Equipment has been installed and piped correctly', '100% Lockup Gas Pressure Regulator(s) installed...', etc.

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

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

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