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| REQUEST FOR START-UP SERVICE | | ISI INVERTER SYSTEMS, INC. 329 Otter Street Bristol, PA 19007 | |
| FAX: (215) 788-8873 | | | |
| TEL: 1-800-967-5540 | | | |
| Emergency service after hours: (215) 327-2072 | | | |
| To: | Of: | | |
| Fax # : | Phone # : | | |
| Sheet: 1/1 | Date: | From: Bob Ferguson II | |

(To be completed by electrical contractor or other requestor)

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|---|------------------------|-----------------------------------|
| Jobsite Name: | Street Address: | City/State: |
| Distributor: | PO# : | Requested Date of Service: |
| Electrical Contractor: | Phone: | |
| Manufacturer's Rep: | Phone: | |
| Owner Rep: | Phone: | |
| Contact Person: (to schedule service) | Of: | Phone: |
| | | Fax: |

1. The start-up service schedule will be determined by previous commitment, job priority, and the existing field schedule worked out with geographical routing considerations.

2. The date furnished by the manufacturer to perform the requested service is approximate. The service engineer will call ahead and give 48 hours notice prior to arriving at the jobsite.

THE FOLLOWING INFORMATION MUST BE PROVIDED BEFORE START-UP SERVICE WILL BE SCHEDULED. CHECK OFF EACH ITEM TO CONFIRM IT HAS BEEN ACCOMPLISHED. ALL START-UP REQUESTS MUST BE GIVEN TWO WEEKS NOTICE.

___1. Physical installation is complete, including the installation of the batteries in their designated location according to the battery layout.

___2. Electrical connections have been made (both input and output) to the system and all loads are hooked up and ready to have power applied.

___3. **OWNER REPRESENTATIVE NAMED ABOVE HAS BEEN NOTIFIED AND WILL BE PRESENT FOR INSTRUCTION AND TRAINING DURING START-UP.**

I DO HEREBY CERTIFY THAT THE ABOVE CONDITIONS HAVE BEEN MET AND ANY ADDITIONAL EXPENSES INCURRED IF JOB IS NOT READY FOR TURN-ON WILL BE INVOICED TO ME.

Signed: _____ **Position:** _____ **Date:** _____