


Liteminder Central Inverter FS Factory Startup Request Form email: quotes@evenlite.com Fax: 215-244-4208 Tel. 800-967-5573	 <p>EVENLITE LIFE SAFETY LIGHTING SOLUTIONS</p> <p>2575 Metropolitan Drive Treose PA 19053 USA tel: 800.872.0879 fax: 215.244.4208 www.evenlite.com</p>
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To:	Of:
email:	From:
Sheet 1 of 1	Date

REQUEST FOR STARTUP SERVICE
(To be completed by electrical contractor or requestor)

Serial Number: _____ Model Number: _____ Qty: _____

Jobsite name: _____ Invoice#: _____

Installed Address _____

Distributor: _____ P.O.# _____

Electrical Contractor: _____ Tel. _____

Person to contact: _____ Tel. _____

Manufacturers rep: _____ Tel. _____

Owner Representative: _____

Date service is requested: _____

The initial Start-up date will be determined by Evenlite, Inc. in consideration to the date requested, technician availability and geographical conditions. This date will be confirmed by Evenlite service department up to 48 hours before arriving at the job site.

TO ENSURE THE INSTALLATION IS COMPLETE AND READY FOR START-UP SERVICE PLEASE REVIEW AND CHECK THE FOLLOWING CONDITIONAL REQUIREMENTS:

___ 1. Physical installation is complete, including the installation of 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 STARTUP.

WE HEREBY ACKNOWLEDGE THE ABOVE REQUIREMENTS PRIOR TO START-UP AND ACCEPT AND HEREIN AUTHORIZE ANY ADDITIONAL EXPENSES (INCLUDING ADDITIONAL SITE VISITS) INCURRED SHOULD THE EQUIPMENT NOT BE FOUND READY FOR START-UP AT THE DETERMINATION OF THE EVENLITE FIELD TECHNICIAN.

Signed: _____
Company: _____
Position: _____
Date: _____