



WARRANTY REGISTRATION AND STARTUP FORM

3760 MARSH ROAD • MADISON, WI 53718
 Tel: 608/838-8786 Fax: 608/838-6433

INSTALLER:

Certification # _____
 Company _____
 Address _____

 City/State/Zip _____
 Phone # _____

PROGRAMMING TECHNICIAN:

Certification # _____
 Company/Name _____
 Address _____

 City/State/Zip _____
 Phone # _____

LOCATION/OWNER:

Company _____
 Site# and Address _____

 City/State/Zip _____
 Manager's Name _____
 Manager's Phone # _____

EQUIPMENT INSTALLED:

Automatic Tank Gauge	Probe #	Type / Model #	Length	Serial #	Probe #	Type / Model #	Length	Serial #
Model Number _____	1	_____	_____	_____	5	_____	_____	_____
Serial Number _____	2	_____	_____	_____	6	_____	_____	_____
Voltage _____	3	_____	_____	_____	7	_____	_____	_____
	4	_____	_____	_____	8	_____	_____	_____

TANK DATA:

Tank #	Gallons	Diameter	Length	Manufacturer	Construction (F=Fiberglass, S=Steel)	Type (S=Single-Wall, D=Double-Wall)	Probe Gradient	Fuel Type
Tank #1	_____	_____	_____	_____	_____	_____	_____	_____
Tank #2	_____	_____	_____	_____	_____	_____	_____	_____
Tank #3	_____	_____	_____	_____	_____	_____	_____	_____
Tank #4	_____	_____	_____	_____	_____	_____	_____	_____
Tank #5	_____	_____	_____	_____	_____	_____	_____	_____
Tank #6	_____	_____	_____	_____	_____	_____	_____	_____
Tank #7	_____	_____	_____	_____	_____	_____	_____	_____
Tank #8	_____	_____	_____	_____	_____	_____	_____	_____

EMS/VRM Equipment

Pressure Sensor Serial # _____

Vapor Flow Meters (VFM)

Dispenser #	Serial #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LEAK DETECTION SENSORS:

Model: _____	Number of: _____	Model: _____	Number of: _____	Model: _____	Number of: _____
Model: _____	Number of: _____	Model: _____	Number of: _____	Model: _____	Number of: _____
Model: _____	Number of: _____	Model: _____	Number of: _____	Model: _____	Number of: _____

IMPORTANT: This form must be filled out and returned to Franklin fueling Systems to validate your warranty!

INSTALLATION CHECKLIST:

- Console is installed indoors in a nonhazardous location.
- Console has a 12-gauge (minimum) safety ground wire connected to earth ground.
- All power wiring is installed in rigid conduit.
- All conduits enter console through the pre-punched knockouts.
- Correct probe cable used:
 Manufacturer: _____
 Type: _____
 Length: _____ in feet
- All probe and sensor wiring is in conduit separate from AC power & accessory wiring.
- Compression gland fittings are correctly installed in junction boxes in the manholes

- All connections have been made with crimp connectors provided in the installation kits.
- Leak detection sensors have been tested in accordance with the manual.
- Console-to-probe wiring does not exceed length specified in the Installation Manual
- Epoxy Seal EYS fittings are installed in probe and sensor circuit conduits.
- Thread sealant or pipe dope was used on all pipe and conduit joints for probe circuits.
- Conduit and junction boxes are watertight.
- Riser pipes are installed and sealed in accordance with installation instructions.
- Probe has been installed using the installation kit for the probe model and application.
- All probe & sensor cable & wire splices are per the installation instructions.
- Probe is adjusted according to the applicable probe model and application.
- All safety guards have been replaced in the console chassis.

PROBLEM REPORT:

Have you encountered any problems installing this equipment? If so, describe:

DISTRIBUTOR SIGN-OFF:

I hereby certify that the Tank Gauge has been installed and programmed in accordance with the installation and programming requirements of the user. I have read all of the warnings in that guide and certify that all of the warnings have been heeded and there are no safety violations due to improper installation.

Name (Print): _____

Signature: _____

Title: _____

Date: _____ Phone #: _____

Company: _____

Address: _____

City/State/Zip: _____

TRAINING INFORMATION:

Name of the customer's personnel trained on system operation:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

OWNER SIGN-OFF:

I have received:

- The Owner's Documentation Package: _____ YES _____ NO
- 2 console door-lock keys (for T1001 and T750 only): _____ YES _____ NO
- 2 spare printer paper rolls (if so equipped): _____ YES _____ NO

The equipment described herein is operating correctly: _____ YES _____ NO

I have been trained in the proper operation of this equipment: _____ YES _____ NO

Name (PRINT) _____

Signature: _____

Title: _____

Date: _____