### Warranty Registration and Startup Form

**Location/Owner:**
- Company: ____________________________________________
- Site# and Address: ____________________________________
- City/State/Zip: _______________________________________
- Manager's Name: _____________________________________
- Manager's Phone #: _________________________________

**Installer:**
- Certification #: ______________________________________
- Company: ____________________________________________
- Address: ____________________________________________
- Phone #: ____________________________________________

**Programmng Technician:**
- Certification #: ______________________________________
- Company: ____________________________________________
- Address: ____________________________________________
- Phone #: ____________________________________________

**Equipment Installed:**

<table>
<thead>
<tr>
<th>Automatic Tank Gauge</th>
<th>Probe #</th>
<th>Type / Model #</th>
<th>Length</th>
<th>Serial #</th>
<th>Probe #</th>
<th>Type / Model #</th>
<th>Length</th>
<th>Serial #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Number</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
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<tr>
<td>Serial Number</td>
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<td>6</td>
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<tr>
<td>Voltage</td>
<td>3</td>
<td></td>
<td></td>
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<td>7</td>
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<td>8</td>
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</tr>
</tbody>
</table>

**Tank Data:**

<table>
<thead>
<tr>
<th>Gallons</th>
<th>Diameter</th>
<th>Length</th>
<th>Manufacturer</th>
<th>Construction (F=Fiberglass, S=Steel)</th>
<th>Type (S=Single-Wall, D=Double-Wall)</th>
<th>Probe</th>
<th>Gradient</th>
<th>Fuel Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank #1</td>
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<td>Tank #2</td>
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<td>Tank #3</td>
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<tr>
<td>Tank #4</td>
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<tr>
<td>Tank #5</td>
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<tr>
<td>Tank #6</td>
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<tr>
<td>Tank #7</td>
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<tr>
<td>Tank #8</td>
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</tbody>
</table>

**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: _______________

**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:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

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: _______________ Phone #: _______________
Company: ______________________________________
Address: ______________________________________
City/State/Zip: ______________________________________

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: ______________________________________