

READ THE ENTIRE FORM, COMPLETE ALL INFORMATION, SIGN, DATE, AND FAX TO 1.214.647.8031.

From: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**NOTE: Allow minimum two weeks advance notice for field service or commissioning. If less than two weeks notice, but more than one week, an additional Purchase Order of \$700.00 (us) is required. If less than one week notice, an additional Purchase Order of \$1,000.00 (us) is required.**

Job Name: \_\_\_\_\_ Sales Order No.: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Site Phone: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_



**IMPORTANT! AT NO TIME SHALL THE SYSTEM BE ENERGIZED PRIOR TO STRAND LIGHTING AUTHORIZED PERSONNEL CHECKOUT. STRAND LIGHTING WILL NOT BE LIABLE FOR ANY DAMAGE THAT MAY OCCUR AND THE SYSTEM WARRANTY MAY BE VOIDED. SYSTEM COMMISSIONING WILL BE CONTINGENT ON STRAND LIGHTING'S CREDIT DEPARTMENT APPROVAL. PLEASE SEE STRAND LIGHTING'S TERMS AND CONDITIONS FOR FURTHER DETAILS.**

Requested Checkout Date:

Please check the boxes below to confirm that (Please see specifications for specific requirements):

<input type="checkbox"/>	<b>Arrangements have been made for access to ALL equipment.</b>
<input type="checkbox"/>	<b>ALL control stations and receptacle stations have been installed.</b>
<input type="checkbox"/>	<b>ALL system inter-wiring is complete between dimmer cabinets and control stations, and has been checked for accuracy and continuity.</b>
<input type="checkbox"/>	<b>ALL load lamps have been installed and ALL load circuits have been checked with the associated power feed for correct wiring.</b>
<input type="checkbox"/>	<b>The system has been cleaned for customer acceptance and ALL dimmers have been installed in the appropriate dimmer rack(s).</b>
<input type="checkbox"/>	<b>ALL necessary owners, representatives, and staff will be present for demonstrating and training at time of commissioning.</b>

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THIS FORM COMPLETELY, THAT THE ABOVE CONDITIONS HAVE BEEN MET, AND INSTALLATION IS COMPLETE. I UNDERSTAND THAT A PURCHASE ORDER WILL BE REQUIRED FOR ADDITIONAL VISITS RESULTING FROM AN INCOMPLETE INSTALLATION.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_