

**VEEDER-ROOT MONITORING SYSTEMS
WARRANTY REGISTRATION AND CHECKOUT FORM (WRACO) FOR EVR SYSTEMS**

All sections must be completed and returned to Veeder-Root within 14 days of installation.

ATG CONSOLE
ATG Serial No:

INSTALLATION CONTRACTOR
Certification No:
Technician Name:
Company Name:

INSTALLATION LOCATION
Business Category:
<input type="checkbox"/> Airport <input type="checkbox"/> Municipality <input type="checkbox"/> C-Store <input type="checkbox"/> Phone Company <input type="checkbox"/> Federal Government <input type="checkbox"/> Terminal <input type="checkbox"/> Fleet Mgmt/Rental Car <input type="checkbox"/> Utility <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify): _____

Oil Brand:
Company Name:
Site No:
Manager:
Address:
City:
State/Province:
Postal Code:
Phone:
E-mail:

SITE OWNER INFORMATION
<input type="checkbox"/> Check here if same as installation location
Owner's Name:
Address:
City:
State/Province:
Postal Code:
Phone:
E-mail:

EVR SYSTEMS
Carbon Canister Vapor Polisher Serial No:

Carbon Canister Vapor Polisher START UP DATE:
EVR Type:
<input type="checkbox"/> Veeder-Root <input type="checkbox"/> VST <input type="checkbox"/> Healy <input type="checkbox"/> Other _____

Pressure Sensor Serial No:
Vapor Flow Meter Serial Nos:

ISD START-UP DATE:

START-UP TECHNICIAN SIGN-OFF

I hereby certify that this system has been installed in accordance with the applicable requirements of the current California Air Resources Board Executive Orders. I have also read all of the warnings and I certify that there are no intrinsic safety violations due to improper installation of this system.

Date:
Technician No:
Technician Name (Printed):
Signature:
Company:

AUTHORIZED DISTRIBUTOR**

Distributor Name:
Name:
Address:
City:
State/Province:
Postal Code:
Phone:
E-mail:

****All WRACO forms must be submitted through an authorized Veeder-Root ATG distributor.**

Distributors - send completed WRACO form to Veeder-Root:

Customer Service Department, Veeder-Root Company, PO Box 1673, Altoona, PA 16603-9955

FAX # 800-234-5350

