

## Participant and Outside Service Contractor Operational Confirmation

As an authorized employee of the Participant and as an authorized representative of an outside service contractor doing maintenance on the unit(s) under incentive consideration, we confirm familiarity with the operation of the existing equipment described below and confirm that the existing units(s) are in proper operating condition and fully functional to the best of our knowledge. We certify that all statements and information are correct, complete, true, and accurate to the best of our knowledge. Falsifying information will void this application and any future applications.

Participant						
Unit ID	Equipment Type	Manufacturer	Model Number	Serial Number	Location	Age (Yrs)

Signature		Date	
Printed Name			
Title			

<b>Outside Service Contractor:</b>			
Signature		Date	
Printed Name			
Title			

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