

OFFICE USE ONLY

Route to:

Parts _____ Service Mgr _____ Assem Mgr _____ Eng Mgr _____ Parts _____ Andy _____ Parts _____

Warranty Exp Date _____

UPGRADE KIT INSTALLATION REPORT

ROTTLER MANUFACTURING MUST HAVE THIS REPORT RETURNED TO PROPERLY QUALIFY WARRANTY ON EQUIPMENT

Report Date: _____ Customer #: _____ SO #: _____

Customer: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact: _____ Phone: _____

Machine Model: _____ Serial Number: _____ Technician: _____

To be completed by technician:

Machine Model: _____ Serial Number: _____ Upgrade Kit Number: _____

Start Date: _____ Completion Date: _____

Notes:

I hereby verify that all functions of this machine as well as any applicable or requested operator training has been completed according to Rottler factory standards.

Technicians name: _____

Signature of technician: _____ Date: _____

To be completed by customer:

I hereby verify that all machine functions as well as nay applicable operator training has been satisfactorily demonstrated to me and/or taught as applicable, and that I am satisfied with the machine operation as well as training received from the Rottler Factory Technician. All removed or replaced components will be returned to Rottler Mfg. in a timely manner.

Name: _____

Signature: _____ Date: _____

Title: _____