



<p>6. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>7. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>8. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>9. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>10. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>11. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>12. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>13. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>14. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>15. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair                      <input type="checkbox"/> Certification</p>	<p>Date: _____  / / '26  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>