



# Unit Start-Up Registration Form

## Customer Contact Information

Lab or Refinery Name:	<input type="text"/>	Primary Contact Name:	<input type="text"/>
Street Address:	<input type="text"/>	Primary Contact Email:	<input type="text"/>
City:	<input type="text"/>	Primary Contact Phone:	<input type="text"/>
State/Province/Region:	<input type="text"/>	Customer Technical Representative:	<input type="text"/>
Postal Code:	<input type="text"/>	Representative Email:	<input type="text"/>
Country:	<input type="text"/>		

## New Unit Information

New Unit Type:	RON <input type="checkbox"/>	Date of Unit Start-Up:	<input type="text"/>	XCP Key Code:	<input type="text"/>
	MON <input type="checkbox"/>	Date of Unit Manufacture:	<input type="text"/>	XCP Panel Serial:	<input type="text"/>
	Cetane <input type="checkbox"/>	Unit Serial Number:	<input type="text"/>	XCP Display Serial:	<input type="text"/>
Application: (Online or Lab)	<input type="checkbox"/>				

## Additional Units at Site

Replaced Unit Serial Number: (if applicable)	Unit Type (RON/MON/Cetane)	Serial Number	Year of Unit Manufacture	Annual Unit Run Hours	Panel Type (XCP or Legacy)	Application (Online or Lab)
<input type="text"/>						

## Start-Up Notes/Comments

Customer Printed Name:	<input type="text"/>	Authorized Distributor:	<input type="text"/>
Customer Title:	<input type="text"/>	Technician Printed Name:	<input type="text"/>
Customer Signature:	_____	Technician Signature:	_____
Date:	_____	Date:	_____