



For Office Use Only

Date Received:

WR#:

Warranty Registration Form

The following must be filled out and completed in full within 30 days of installation or delivery in order to receive the 10-Year Warranty. Please submit this form to:

Carson Technology
12207 Los Nietos Road, Unit C, Santa Fe Springs, CA 90670
T: (562) 941-0326 F: (562) 941-0130
info@carsonlite.com

Job/Location Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Installer/Contractor Name: _____ License #: _____

Contact Name: _____ Email: _____

Phone #: (____) _____ - _____ Date Installed: ____/____/____ Installation Description: _____

PO/Invoice #: _____ Date Purchased: ____/____/____

Purchasing Distributor: _____

* Fixture Operating Hours: _____ hours/day _____ days/week

Retrofit Replacement New Construction

Fluorescent/HID Ballast Compatible? Yes No

Ballast Manufacturer: _____ Model/Product #: _____

Catalog Number	Product Description	Quantity

Print Name

Signature

Date

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