



DoubleTrac® Limited Warranty Installation Form

Warranty Disclaimer: The DoubleTrac Limited Warranty is only valid if this form is received by the DoubleTrac Customer Service Team within 30 days after installation is complete.

Contractor	Installation Site
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email: _____	_____
Phone: _____	Installation Date: _____
Fax: _____	Completion Date: _____
Distributor: _____	
Installer's State Certification No.: _____	Installer's Training Cert No.: _____

Piping

1. What size pipe was used? (Circle one) 1" 1.5" 2"
2. Was any other underground piping used other than DoubleTrac? (Circle one) Yes No
If so, what kind? _____

3. What types of fuels are to be stored? (Circle all that apply)
- | | | | | | | |
|----------|---------|--------|---------|----------|----------|------------|
| Gasoline | Gasohol | Diesel | Ethanol | Methanol | Fuel Oil | Bio-diesel |
|----------|---------|--------|---------|----------|----------|------------|
- Other: _____

Please circle yes or no to the following:

4. Was the site contaminated before installation? Yes No
If yes: (a) Was the site fully remediated? Yes No
(b) Did the site receive clearance from government authorities? Yes No
(c) What is the name of the environmental contractor? _____
5. Were all piping and fittings inspected for damage before and after installation? Yes No
6. Was approved backfill material used? Yes No
7. Was the Installation Manual followed? Yes No
8. Was any direct bury pipe crossed over? Yes No. If so were crossover supports used? Yes No
9. Were all Self-Flaring Fittings tightened to spec? Yes No
10. Was the DoubleTrac Primary Pipe pressure tested? Yes No
11. Was the DoubleTrac Interstitial Space pressure tested? Yes No
12. Was Chase Pipe used? Yes No
13. Was the Secondary Jacket left open to atmosphere after testing? Yes No

Pipe Entry Points (please provide)

Name of Boot Manufacturer: _____

All Boot part numbers: _____

Circle yes or no: Was the exact size hole drilled for each entry boot? Yes No
Were all band clamps secured? Yes No Were the entry boot nuts properly tightened? Yes No

Dispenser Sumps (please provide)

Name of Dispenser Sump Manufacturer _____

All Dispenser Sump part numbers _____

Circle yes or no: Were sumps inspected for damage before and after installation? Yes No
Were the instructions followed? Yes No

Tank Sumps (please provide)

Name of Tank Sump Manufacturer: _____

All Tank Sump part numbers: _____

Contractor Signature _____ Date _____