

A. PRODUCT INFORMATION:

Generic Name of Product:

Model or Cat. No.:

Manufacturer:

Electrical Ratings:

Name of Certification Organization:

Control or Listing #:

Prod. Cat.:

Certification mark is on: (mark all that apply)

Product ☐Package ☐Literature ☐

Comments:

B. LOCATION OF PRODUCT:

Name:

Address:

and/or Legal Description:

LSD:

Sec:

Twp:

Rge:

W

Mer.

C. SUBMITTED BY:

Name:

Title:

Employer:

Tel:

Address:

Fax:

D. NATURE OF THE PROBLEM:**E. HAS PRODUCT BEEN REJECTED BY THE INSPECTION AUTHORITY?**☐ Yes☐ No**FOR OFFICE USE:**CO REPLY: Yes ☐No ☐

DATE:

COMMENTS: