



Superarm Warranty Registration Card

**Model:**

- #2000 E (VAN)
 #2000 E MINI-VAN
 #124 MOTORHOME
 #129 BASEMENT MOTORHOME
 LEFT
 RIGHT
 (FROM INSIDE LOOKING OUT)

Installer: _____ Installer Name: _____ State: _____ Phone: _____

Customer Name: _____ Contact Phone: _____ Work Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Vehicle Info: Year: _____ Make: _____ Model: _____ Conversion By: _____

Wheelchair Type: Electric
 Manual
 Reclining
 Other

If Electric: With Shroud
 Without Shroud
 Chair Hold Down Brackets

Required for Warranty Validation:

Date of Purchase: _____ Date of Install: _____

Installer Signature: _____ Installer Phone & Ext: _____

Customer trained in use and general maintenance of equipment by: _____

I have been trained in the correct operation of and understand the maintenance schedule for my Superarm Lift system. I understand that it is not to be used by those untrained in its use. I understand that all attendants must keep their feet on the ground at all times when lift is in use. I understand that I am responsible for the training of any other operators whom I authorize to operate this Superarm Lift system. I understand that additional training is available at the factory in Colorado.

 Signature of Customer, Aid, or Trained Operator **Serial #:** _____