



# UNIQUE LIGHTING SYSTEMS, INC.

*Always original... Always first.*

## Job Check-off List

Use this form to check off items in order to receive complete coverage of Unique's Buyer Protection Plan

Job Information	
Job Name	
Address	
Contractor #	
Date Completed	

In order to activate the Consumer Buyer Protection Plan on the Unique Lighting System you have purchased, both the property owner and the contractor must initial the following and sign below. After completing this form, along with the other 3, please send it to Unique Lighting Systems. Please make a copy and keep it for your records.

Verification Check-off List (Mandatory)	Homeowner Initials	Contractor Initials
Consumer Buyer Protection Plan		
Manufacturer Verification Form		
# of Schedules		
Lighting As Built		
Verification of Material		
Maintenance Contract (Not Mandatory)		
Material Warranty Cards (Not Mandatory)		

\_\_\_\_\_  
Property Owner Signature Date

\_\_\_\_\_  
Contractor Signature Date

UNIQUE LIGHTING SYSTEMS, INC.

1240 Simpson Way Escondido, CA 92029  
Phone 800.955.9851 Fax 800.955.9852 www.uniquelighting.com



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## Manufacturer Verification Form

Job Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Contractor #: \_\_\_\_\_

Trans #	Size	Location			Primary Voltage	Total Load	Total Amp Load
Run #	Wire Size	Distance from transformer to Hub		Voltage Top	Watts	Volts @ Hub	Amps
1			feet				
2			feet				
3			feet				
4			feet				
5			feet				
6			feet				
7			feet				
8			feet				

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