



inspeXtor 10-Year Product Warranty Registration

To activate this warranty, you must submit the completed warranty registration form to inspeXtor within ninety (90) days after your purchase of the product or thirty (30) days after Product installation, whichever occurs first. inspeXtor will send you a receipt of your submission with a Registration number that you must reference for all future warranty claims.

Please send completed form to:

inspeXtor
1961 Richmond Terrace
Staten Island, NY 10302
Attn: Warranty Department

Or Email form back to warrantyregistration@inspextor.com.

Customer Information:

Installation Date: _____ Registration Date: _____

Application Type: (ie Office, Data Center, Medical Center) _____

Project Name _____ Contact _____

Install Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Installer Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Distributor Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Product Installation Data:

Complete Product Model #	Quantity	Annual Burn Hours	inspeXtor Invoice #

Ambient operating temperature around fixtures _____ (Fahrenheit)

Detail connected PSE and Network equipment _____

Are Battery-Back-ups installed in any of the fixtures? ____ Yes ____ No

Are the lights connected to any Emergency Generator? ____ Yes ____ No

If Yes, what type? _____

Is a Building Automation solution or any other type of control being used ____ Yes ____ No

If Yes, What type? _____

OFFICE USE ONLY

Date Form was Received _____ Effective Date _____

Customer Registration Number _____

Reviewed/Approved By: _____ (Print Name) _____ Signature

Date _____

Corporate Headquarters
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