

Warranty Registration

First Name _____

Last Name _____

Street address _____

City _____

State _____

Zip _____

Cell _____

Installed by (include phone number):

Electrician (Include phone number):

Lift Model: _____

Date Installed: _____

Date of Purchase: _____

Boat Manufacturer: _____

Year: _____

Model: _____

Engine Type: Outboard ___ Inboard ___ Gas ___ Diesel ___

I have studied the information in this booklet and
understand the use of my lift and any precautions to be
taken.

Signature _____

Date _____