



# Limited Warranty Registration & Start-Up Sheet

**This sheet is required to be filled out completely to receive the Extended Parts and Labor Limited Warranty.**

Start-Up Date: \_\_\_\_\_

Installing Company Name: \_\_\_\_\_

Installing Company Contact Name: \_\_\_\_\_

Installing Company Phone: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Homeowner Address, City, State & Zip: \_\_\_\_\_

Geothermal Application:  
 Forced Air     Hydronic

Blower or Furnace:  
 Blower     Furnace

Coil Brand: \_\_\_\_\_

Geo Model #: \_\_\_\_\_

Blower or Furnace Model #: \_\_\_\_\_

Coil Tonnage: \_\_\_\_\_

Geo Serial #: \_\_\_\_\_

Blower or Furnace Serial #: \_\_\_\_\_

Coil Model #: \_\_\_\_\_

Coil Serial #: \_\_\_\_\_

Hydronic/Domestic Water Module: \_\_\_\_\_ Model #: \_\_\_\_\_

Hybrid Cooling Module: \_\_\_\_\_ Model #: \_\_\_\_\_

Desuperheater: \_\_\_\_\_ Model #: \_\_\_\_\_

Cathodic Protection System: \_\_\_\_\_ Model #: \_\_\_\_\_

Wall Thermostat: \_\_\_\_\_ Model #: \_\_\_\_\_

**System Evacuation**

System held 400 microns for 2 min. with Vacuum Pump

OFF & ISOLATED?    YES    NO

Refrigerant Type: \_\_\_\_\_

System Charge: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Outdoor Temp	_____	
	Heating	Cooling
Discharge Pressure	_____	_____
Discharge Line Temp @ Comp	_____	_____
	Heating	Cooling
Liquid Pressure @ King Valve	_____	_____
Small Line Going to Loop	_____	_____
	Heating	Cooling
Return Air or Water In Temp	_____	_____
Supply Air or Water Out Temp	_____	_____
Indoor Delta T	_____	_____

Refrigerant Level in Accumulator Sightglass			
Heating	Bottom Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Middle Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Top Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full
Cooling	Bottom Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Middle Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Top Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full

	Electric @ Compressor	@ Contactor L1	L2	3 Phase L3
Volts	_____	_____	_____	_____
Amps	_____	_____	_____	_____

	Heating	Cooling
Temp of Big Line to Loop	A _____	_____
Temp of Big Line to Coil	_____	B _____
Suction Pressure	_____	_____

Suction Pressure Conversion	
Suction Pressure Converted to Temp Minus Suction Line	C _____ D _____
Super Heat Calculation A-C, B-D	A-C _____ B-D _____

Static Pressure	
All Zones Open	_____ in.wc
Zone 1 Open Only	_____ in.wc
Zone 2 Open Only	_____ in.wc
Zone 3 Open Only	_____ in.wc

New Construction Installation

Replacement Existing Non-DX system

Replacement Existing DX system  
(does not qualify for extended warranty)

Brand: \_\_\_\_\_

**These readings are REQUIRED to qualify for the Extended Parts & Labor Limited Warranty.**

See the Warranty Summary Sheet for details.

Rated Blower CFM: \_\_\_\_\_

Blower Speed Setting (Cooling): \_\_\_\_\_

External Static Pressure (ESP)\*: \_\_\_\_\_

\* Reading with probe in supply & return duct at same time (requires 2 probe manometer).

	Lineset Sizes	Length	Rise or Drop
From Compressor to Air Handler	_____	_____	<input type="checkbox"/> Rise <input type="checkbox"/> Drop _____ ft.
From Compressor to Ground Loop	_____	_____	<input type="checkbox"/> Rise <input type="checkbox"/> Drop _____ ft.

Technician Name (print): \_\_\_\_\_

Technician Signature: \_\_\_\_\_

Installing Contractor: \_\_\_\_\_

Submit this form directly to EarthLinked using one of these methods:  
 Fax 1-863-701-7796  
 Email: StartUp@EarthLinked.com  
 Online form at www.earthlinked.com/dealers/warranty

**\*\* If this Start-Up Sheet is not submitted within 60 days after the install date, the equipment warranty reverts to 2 year parts and labor. \*\***