

ACT-100-U[®] 10 Year plus Additional 20 Year Extension Limited Warranty Validation Card

Please complete this form to validate your tank manufacturer's Limited Warranty. This card must be completely and accurately filled out and returned to STI within 30 days after the tank is installed, or within 90 days after the tank is shipped from the manufacturer, whichever comes first. Warranty limitations may exist based on the product stored in the tank, please refer to the limited warranty document supplied with this form. By signing this form, the tank owner verifies that the tank was installed in accordance with STI Installation Instructions, the product stored is compatible with the tank, and the owner has read and agrees with the terms of the Limited Warranty, included with this form.

Manufacturer's Name: _____ **ACT-100-U Label:** _____

INSTALLER INFORMATION name of company that installed the tank

Warranted Date: _____ **Date Installed:** _____

Installer Name: _____ **Phone:** _____

TANK LOCATION INFORMATION - where tank was installed

Name of Facility (where tank is installed): _____

Street address: _____ **Suite:** _____

Contact Name _____ **Phone:** _____

City: _____ **State:** _____ **ZIP:** _____ **Country:** _____

TANK OWNER MAILING ADDRESS how do we contact the owner of the tank

Owner name: _____

Mailing address: _____ **Suite:** _____

Contact Name: _____ **Phone:** _____ **Fax No:** _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Email address: _____

TANK USAGE INFORMATION PLEASE TELL US ABOUT WHAT THE TANK WILL STORE & THE TYPE OF FACILITY

Check Product(s) Stored in this Tank:

- Gasoline
 - Heating Oil (Petroleum #1, #2, #4, #5 WHICH IS NOT HEATED)
 - Diesel fuel or kerosene for powering motor vehicles
 - Generator Power Fuels
 - Diesel fuel or kerosene for heating premises
 - #6 Heating Oil
 - Aviation Gas
 - Biodiesel
 - Crude Oil
 - Oil/Water Separator
 - Water or Wastewater
 - Product which is heated during storage: _____
 - Other: _____
- Chemicals
 - Jet Fuel
 - E85
 - Waste Oil
 - Alcohol Blended Gasoline
 - Fertilizers

Check Type of Facility Where Tank is Installed:

- Gas Station
 - Private Residence
 - Car Dealer
 - Convenience Store
 - Quick Lube
 - Industrial Site
 - Hospital
 - Airport
 - Utility Site
 - Farm/Nursery
 - Other _____
- Marina
 - Oil Company
 - Fed I Gov t (military, postal, parks, banks)
 - State Gov t (jails, parks, hwy, banks, etc)
 - Local Gov t (hwy, fire, police, parks, etc)
 - Schools (univ, college, high/jr high, grade)
 - Apartment
 - Fleet Owner
 - Jobber

SIGNATURE REQUIRED

My signature below verifies that this tank was installed in accordance with STI Installation Instructions, the product stored is compatible with the tank and I have read and agree with the terms of the Limited Warranty, provided with this document.

Signature (of person providing this information): _____ **Date:** _____

Please Print Name: _____

Company Name: _____ **Phone:** _____

Thank you for completing this document and returning it to the STI address below:

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