

HIGH ALTITUDE SALES FORM

In adherence with the high altitude interim variance, please fill out the following information for each non-compliant furnace sold that is to be installed above 4,500 feet.

Distributor's Name: _____

Distributor's Address: _____

Distributor's Phone Number: _____

Sales Date to Installer/Contractor: _____

Installer/Contractor's Name: _____

Installer/Contractor's Address: _____

Installer/Contractor's Phone Number: _____

Furnace Model Number: _____

Furnace Serial Number: _____

Furnace Installation Date: _____

Installation Address (street, city, state, zip): _____

Installation Altitude: _____

Customer name (i.e. homeowner): _____

Customer Phone Number: _____

Reason for replacement/new unit installation rather than repair/alternative:
