



## MHT Lighting 10-Year Product Warranty Registration

To activate this warranty, you must submit the completed warranty registration form to MHT Lighting **within ninety (90) days** after your purchase of the product or **thirty (30) days after** Product installation, whichever occurs first. MHT 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:

MHT Lighting  
1961 Richmond Terrace  
Staten Island, NY 10302

Attn: Warranty Department

Or Email form back to [warrantyregistration@mhtlighting.com](mailto:warrantyregistration@mhtlighting.com).

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### Customer Information:

Installation Date: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Application Tye:(ie Warehouse, Office, Data Center) \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Install Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Installer Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Distributor Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Product Installation Date:

Complete Product Model #	Quantity	Annual Burn Hours	MHT Invoice #

Ambient operating temperature around fixtures: \_\_\_\_\_(Fahrenheit)

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? \_\_\_\_\_

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## MHT USE ONLY

Date Form was Received: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Customer Registration Number: \_\_\_\_\_

Received/Approved By: \_\_\_\_\_(Print Name) \_\_\_\_\_(Signature)

Date: \_\_\_\_\_

Email: \_\_\_\_\_

### Innovation Lab

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