

Certification of Equipment Demonstration BGSU

Bowling Green State University
Office of Design and Construction
1010 Administration Building Bowling Green Ohio 43403-0390

Phone: 419-372-2511
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Demonstration Date	_____	Purchase Order #	_____
Demonstration Time	_____	BID #	_____
Project Name	_____	Contractor	_____
	_____	Owner	_____
Equipment Item or System	_____	Demonstrator Name	_____
	_____	Demonstrator Company	_____

Observations and Comments (attach additional pages if necessary)

Owner Certification

As an authorized agent for the Owner, I certify that the equipment or system described above was operated in my presence and that its operating procedures were explained and demonstrated to my satisfaction. I acknowledge that a copy of the attendance sheet is attached.

Name _____

Signature Date

Demonstrator

Signature Date

Associate

Name _____

Signature Date

Construction Manager

Name _____

Signature Date