Consumer Name:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (consumer name) confirm that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (delivery provider) has assembled

& allowed me to thoroughly test the equipment in my home on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

**I understand that the assistive technology is not returnable**, & that I must be sure the

item fits well & is fully operational prior to delivery drivers leaving my property. This

includes length & width if a lift chair, as well as operating controls & testing both the ‘lift’

& ‘seating / reclining’ operations.

By signing below, I confirm that the assistive technology is in acceptable condition, that I

am comfortable with how to use it & it will meet my needs. I am able to operate the

controls without issue, & that I have received the assembled item inside my home.

**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (consumer’s signature)

If for any reason the assistive technology is not acceptable, do not allow the driver(s) to

leave the item in your possession, & do not sign as accepted. NO RETURNS /

EXCHANGES are allowed.

DELIVERY DRIVER: Unless instructed by your office, DO NOT leave the assistive

device anywhere except inside the consumer’s residence.

Driver Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_