Please save and email this form to: AWP.Warranty@terex.com

**New Owner Registration Form**

*Genie requires that the seller or owner of a Genie machine register with Genie the model and serial number of each machine sold, as well as the name, address and telephone number of the new owner, within 60 days of the sale.*

*Taking a few minutes to update owner information will ensure that you receive important safety, maintenance and operating information that applies to your machine. Please note that the fields marked with a \* are required fields.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Information:** |  | Machine 1 |  | Machine 2 |
| Model Name:  | \* |  |  |  |
| Serial Number:  | \* |  |  |  |
| Purchase Date (mm/dd/yy): | \* |  |  |  |
| **New Owner Information** |  |  |  |
| Company Name: | \* |  |  |  |
| Contact Name:  | \* |  |  |  |
| Genie Acct # (if applicable):  | \* |  |  |  |
| Mailing Address 1:  | \* |  |  |  |
| Mailing Address 2: |  |  |  |  |
| City:  | \* |  |  |  |
| State / Province:  | \* |  |  |  |
| Zip /Postal Code:  | \* |  |  |  |
| Country:  | \* |  |  |  |
| Telephone No.: | \* |  |  |  |
| E-mail: |  |  |  |  |
| **Previous Owner Information** |  |  |
| Company Name: | \* |  |  |  |
| Contact Name:  | \* |  |  |  |
| Genie Acct # (if applicable):  | \* |  |  |  |
| Mailing Address 1:  | \* |  |  |  |
| Mailing Address 2: |  |  |  |  |
| City:  | \* |  |  |  |
| State / Province:  | \* |  |  |  |
| Zip /Postal Code:  | \* |  |  |  |

**Optional - Lift Connect (telematics) Portal Account Request**

*To request a Lift Connect account for the new machine owner or to move the machine to an existing Lift Connect account, fill out the following information completely. Checking “approve machine transfer” below authorizes Genie to move the machine from the previous owner’s Lift Connect account to the new owner’s Lift Connect account. Please note if contact information is not provided, your Lift Connect account request will not be processed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approve Machine Transfer:  |  | Machine 1 □ |  | Machine 2 □ |
| Telematics Contact Name:  |  |  |  |  |
| Phone Number: |  |  |  |  |
| Email: |  |  |  |  |

This registration will not be accepted if incomplete or falsified in anyway. Email to: AWP.Warranty@terex.com For questions call 1-800-536-1800