



Acceptance Agreement Form

Please contact the contractor/vendor if you experience problems with the equipment/modifications while under warranty/guarantee.

The services and/or equipment authorized by the Nebraska Assistive Technology Partnership (ATP) have been completed and/or delivered and are to my satisfaction. I understand that the services and/or equipment are subject to the following terms and conditions.

USE The equipment/modifications are for my use to live more independently.

OWNERSHIP I have ownership of the equipment/modifications at the time of completing this Acceptance Agreement Form.

WARRANTY I am responsible for requirements to prevent any breach of warranty/guarantee including completing any manufacturer warranty forms. The contractor/vendor shall warranty defects in workmanship and material/product quality for a minimum of one year. Warranties do not cover consumer misuse.

MAINTENANCE I am responsible for maintenance necessary to keep the equipment/modifications in good working condition. I am responsible for following the manufacturer's operating instructions and protecting the equipment/modifications from loss, damage, or theft.

REUSE If you no longer need or use the equipment, please call Nebraska's statewide equipment ReUse Network, 877.713.4002.



Consumer Name

Contractor/Vendor

Service/Equipment Received (Model/Serial Number)

Technology Specialist:

Consumer Signature/Date

ATP Staff Signature/Date