



Without compromise | 1881 |

**ORIFICE CONVERSION REPORT FORM**  
**Corrective Action Plan – Ultra Gas LP Tag**  
Supplement to Marketing Bulletin No. MB-0611  
**FAX TO: (866) 556-1539**

**TO BE COMPLETED AND SUBMITTED AFTER BOILER IS INSPECTED OR ORIFICE CONVERTED**

Contractor Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_ Boiler Model: UG- \_\_\_\_\_

Address: \_\_\_\_\_ Boiler CP #: \_\_\_\_\_

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

County: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

☐ Boiler inspection only, no orifice conversion necessary.

☐ Converted orifice.

**IMPORTANT**

This Orifice Conversion Report Form is a requirement for reimbursement. By signing this form the servicing contractor acknowledges that the affected Ultra Gas boiler's orifice has been inspected and/or converted in accordance with conversion instructions (*part# 550-100-014 for Ultra 105, 155 and 230 or part# 550-100-034 for Ultra 105, 155, 230 and 310*) that were provided in the original manual packet shipped with the unit. Compensation of one (1) hour plus travel time at your standard labor rate will be sent for all orifice conversions performed after information from a **completed** and **signed** form is verified to be part of the program. Compensation of one-half (1/2) hour plus travel time at your standard labor rate will be sent for inspections where no orifice conversion was necessary.

**Please attach invoice detailing work performed and standard labor rate.**

\_\_\_\_\_  
Signature of servicing contractor