



# DynoValve®

Date \_\_\_\_\_

## Installation Report

Installation Center _____
Address _____
Phone _____
Installer _____

Valve Number	<input type="text"/>
Controller Type	<input type="text"/>
Power Source	<input type="text"/>
Signal Source	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Injector External Coil Internal Coil

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Engine Size \_\_\_\_\_  
(ex: 5.7L, V8)

License# \_\_\_\_\_ Odometer: \_\_\_\_\_

Vin# \_\_\_\_\_ Current MPG \_\_\_\_\_

Driving Habits by % (ex. 50%City 50%Highway) City \_\_\_\_\_ Highway \_\_\_\_\_

**START:** PRIOR TO INSTALLATION-Check for failed Engine Codes.  
**Code Failures need to be corrected before installing the DynoValve.**

**Notes:**

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**Installer Signature** \_\_\_\_\_

Vehicle	Date	PCV Type	Odometer	Fuel Used	Distance	MPG	Difference

**NOTE to Installer:** Please send SaviCorp® a copy of this form once completed for our records.



SaviCorp.com

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