

Warranty Application Form

AUTHORISED INSTALLER'S INFORMATION

Company Name

Address Postcode Country

Telephone Email

AUTHORISED DISTRIBUTOR INFORMATION

Company Name Country

INSTALLED SYSTEM INFORMATION

End-User Name

Installation Address Postcode Country

End-User Telephone End-User Email

Is this a new installation? YES NO

If NO please enter the original **certificate no.** of the system you are upgrading here

Number of links Copper Fibre

Copper System Category Cat 5e Cat 6 Cat 6A

Copper Screening U/UTP U/FTP F/UTP S/FTP

Fibre Type OM1 OM2 OM3 OM4

OS1 OS2 G.655 G.657

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TESTING EQUIPMENT

Tester Used (Brand & Model Number)

Calibration Expiry Date

Number of Test Results Submitted

**Please attach a copy of your calibration certificate and the test results.*

Bill of Materials

PURCHASE ORDER NUMBERS

PART NUMBERS INCLUDED IN ORDER

**Please attach a copy of the purchase orders.*

Check before submission

Please confirm the following before submitting your application

- I have attached copies of all the test results
- I hereby confirm that the test results attached have not been modified
- I have attached copies of Bill of Materials and purchase orders placed for this installation
- I accept the Terms & Conditions under which OptronicsPlus provides this system warranty

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Applicant's Signature Date