

<b>Warranty Request Date:</b>					
<b>END USER INFORMATION</b>			<b>INSTALLATION CONTRACTOR INFORMATION</b>		
Company Name:			Contractor Name:		
Primary Contact Name:			Primary Contact Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone:	Fax:		Telephone:	Fax:	
E-Mail Address:			E-Mail Address:		
<b>PROJECT</b>					
Project Name:			Project Manager:		
			Proj. Manager Telephone:		Proj. Manager E-Mail:
Project Site Address:			Is Project Manager RCDD certified: Y / N Certificate Number:		
City:	State:	Zip:	List any other certifications:		
Project Site Phone Number:			Any Remote Site Locations: Y / N If so, list all locations and contact information:		
Other Contact Information:					
Project Start Date:		Project Completion Date:			
<b>TERMINATIONS</b>					
		<b>Voice:</b>	<b>Data:</b>	<b>Video:</b>	<b>Other:</b>
Number of Terminations					
Superior Essex Copper Product(s) Used:					
Superior Essex Fiber Product(s) Used:					
Connectivity Manufacturer(s)					
Connectivity Manufacturer(s) Products Used:					
Are all components certified to industry standards: Y / N If so, which standards?					
List all network protocol applications:					
Is the System Designer BICSI certified? Y / N If so, provide the designer's certificate number.			Was system tested in accordance with TIA and BICSI standards? Y / N		
Did all terminations pass all tests?: Y / N			Have test results been submitted to Superior Essex?: Y / N Date Submitted:		
List Distributor or reseller of Superior Essex:					
<b>SIGNATURE OF THE WARRANTY HOLDER IS REQUIRED.</b>					
Warranty Holder Signature:			Date:		
<b>SUPERIOR ESSEX USE ONLY</b>					
Superior Essex Approval Signature:		Date:	Version of industry standards in place at time of purchase:		