



Wavenet Office Use Only	
Registration#:	Effective Date:

25-Year Systems Performance Warranty Registration Form

This 25-Year Systems Performance Warranty Registration form must be submitted to Wavenet, Inc. within 30 days of completing the installation of the project information listed below. Please submit this form to your Wavenet sales representative or email it to info@wavenet.net.

☐ New Installation ☐ Change to system under existing warranty ☐ Warranty Transfer

Project Information					
Project Name					
Project Manager		BIC SI-Certified / State Licensed #			
Address					
City		State		Zip	
Site Phone			Site Fax		

Installation Contractor					
Contractor			Installation Date		
Address					
City		State		Zip	
Phone			Fax		
Email			Installation Completion Date		

End User					
Primary Contract			Position		
Address					
City		State		Zip	
Phone			Fax		
Email					

Testing / Validation

- ☐ The project was designed, installed & tested in accordance with ANSI/TIA/EIA 568 Series and BICSI standards.
- ☐ Each channel in the project was tested with approved tester and passed all required tests.
- ☐ Tester model & serial#: _____
- ☐ Tester calibration date: _____

Approvals

All information on this form and the attached documentation is accurate, true, and complete.

Contractor Signature:	Date:
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I certify that the information in this form is true and complete to the best of my knowledge and that any falsified statements shall deem all warranties null and void. I authorize investigation of all statements contained herein concerning this installation and any other pertinent information and release the company from liability for any damage that may result from utilization of such information.

Installed Components

(Use additional sheets as needed)

- Work area components (Keystone Jacks)

Category	Part#	Description	Qty

- Cross-Connect components (Patch Panels)

Category	Part#	Description	Qty

- Cable

Category	Mfgr. Part#	Description	Total Length Installed (Ft)

- Number of Drops

Category	# of Drops	Description

All products listed were purchased from

Contact		Distributor	
Contact Email		Phone	
Address		City	
State		Zip	