

Wavenet Office Use Only			
Registration#:	Effective Date:		

25-Year Systems Performance Warranty Registration Form

□New Installation	n □ 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	Contra	ctor		
Contractor			Installation Date		
Address					
City		State		Zip	
Phone		Fax			
Email	Email Installation Completion Date				
	End	User			
Primary Contract			Position		
Address				,	
City		State		Zip	
Phone		Fax			
Email					
	Testing / \	Validati	on		
☐The project was de	esigned, installed & tested in accorda	nce with	ANSI/TIA/EIA 568 S	eries a	nd 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)

All products listed were purchased from

Contact	D	Distributor	
Contact Email		Phone	
Address		City	
State		Zip	



CALIFORNIA CORPORATE WAREHOUSE Carson, CA 90745 The Colony, TX 75056

TEXAS

NEW JERSEY

