



Wavenet Office Use Only	
Registration#:	Effective Date:

## 25-Year Systems Performance Warranty Registration Form

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:
-----------------------	-------

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.

