

## 25 Year System Warranty

### Warranty Application Form

**PLEASE NOTE ALL FIELDS ARE REQUIRED TO BE COMPLETED IN FULL TO OBTAIN THE 25 YEAR WARRANTY**

#### Installer Details

Company Name			Address		
HellermannTyton Approved Installer Certificate Number*					
Project Contact Name					
Tel.			Email		
Name of HellermannTyton Trained Individual Present on Site					
Attendee ID Number of Trained Individual*					

#### Project / Site Details

Client Organisation Name					
End User Contact Name					
Tel.			Email		
Site Name and Full Address (to appear on warranty certificates)					
Project Start Date			Project End Date		
Systems Installed (Please Tick as appropriate)					
Copper <input type="checkbox"/> C6A / Class E <sub>A</sub> <input type="checkbox"/> C6 / Class E <input type="checkbox"/> Shielded <input type="checkbox"/> Unshielded		Fibre <input type="checkbox"/> OM5 <input type="checkbox"/> OM4 <input type="checkbox"/> OM3 <input type="checkbox"/> OS2		System Type <input type="checkbox"/> HTC <input type="checkbox"/> RapidNet	
No. of Ports / Points Installed		Copper	Fibre	Sector (e.g education, medical etc)	
Any Relevant Further Information:					

Signature of Installer			Print Name		
Position			Date of Application		
<b>Check List</b>	<input type="checkbox"/> Fully Completed Warranty Application Form <input type="checkbox"/> Full Electronic Test Data (Not PDF's) <input type="checkbox"/> Copy of Tester Calibration Certificate				

(\*Please contact the HellermannTyton office for certificate numbers if required)