

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"/> C5e / Class D <input type="checkbox"/> C6 / Class E <input type="checkbox"/> C6A / Class E _A <input type="checkbox"/> Unscreened <input type="checkbox"/> Screened		Fibre <input type="checkbox"/> OM1 <input type="checkbox"/> OS1 <input type="checkbox"/> OM2 <input type="checkbox"/> OS2 <input type="checkbox"/> OM3 <input type="checkbox"/> OM4		System Type <input type="checkbox"/> Field Termination <input type="checkbox"/> RapidNet <input type="checkbox"/> Copper <input type="checkbox"/> Fibre	
No. of Ports / Points Installed		Copper	Fibre	Any Relevant Further Information:	
				Sector (e.g education, medical etc)	

Signature of Installer			Print Name		
Position			Date of Application		
Check List	<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 (where available)				

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