

WARRANTY SITE REGISTRATION**Warranty Location****Company Name** _____**Project Name / Description** _____**Address** _____
_____**Contact Name** _____**Telephone & Email** _____**Installation**

The OptronicsPLUS network has been installed in accordance with international standards and only OptronicsPLUS cable and components have been used.

Do you agree with the above statement?YES NO **A list of products used in the installation must be provided, has the bill of materials been attached to this document?**YES NO **Comments** _____
_____**Project Manager (Minimum RCDD)****Name** _____**Signature** _____

Site Supervisor (Minimum BiCSI Technician)

Name _____

Signature _____

Testing

Have all links been tested?

YES

NO

A minimum of a level 4 tester must be used, please give details of testers used.

Manufacturer _____

Model _____

Software _____

Serial Numbers _____

Date of last calibration _____

Calibration certificates must be submitted, are copies of the certificates been attached to this document?

YES

NO

Date of test _____

All test data must be submitted, are copies of the test data attached to this document?

YES

NO

Please select format of the data;

Hard Copy

Soft Copy (PDF, CD)

End-User

Have you received a full set of test reports?

YES

NO

Comments _____

Has the OptronicsPLUS network been installed to your requirements and are the detail on this form correct?

YES

NO

Comments _____

Name _____

Position _____

Date _____

Signature _____

Please fax back completed forms to fax number below.