

Proterial Cable America Lifetime Warranty Application

This form is to be submitted at the time of project completion.

Please attach any test results to this application.

Certified Installer Information:

Date	
Company Name	
Main Contact	
Address 1	
Address 2	
City, State & Zip	
Phone Number	
Fax Number	
Email Address	

End-User Information & Installation Location.

Main Contact			
End-User Name			
End-User Address			
End-User City, State & Zip Code			
End-User Email			
End-User Phone			
Project Site (Building Name)			
Project Site Address			
Project Site City, State & Zip Code			
Project Start Date		Project End Date	

Proterial Cable America, Inc.

Performance Cable Systems & Materials Division
900 Holt Avenue, Manchester, NH 03109
Phone: 603.669.4347 | Toll Free: 800.772.0116
www.usa.proterial.com

Tester Information

Complete the following for each tester unit used during the final testing of the project.

Manufacturer of Copper Tester			
Tester Model Number		Software Version Used	

*Note: All Testers must meet Level II accuracy requirements as stated in TIA/EUA 568-D.

Project Attachments

Project test results must accompany this document for the warranty to be processed. If a fiber warranty is desired, fiber test results must also be included. Test results are preferred in the native flw. Format, or PDF files from a Level II or better tester.

This document must be completed and submitted with permanent link test results that are 100% passing. Pass star (Pass*) is not acceptable for our system warranty.

The signer below assures that all information provided above is correct and complete.

Signature

Title

Print Name

Date

For Proterial Cable internal use only

Print Name

Date