

| Project Information | | | | | |
|---|------------------------------|--------------------------|--|--|-------|
| PROJECT NAME: | | | | | |
| Project Manager | | | | | |
| Project Start Date: | | Project Completion Date: | | Is the Project Manager RCDD Certified (circle)? Yes No | |
| Project Address: | | | RCDD Certificate Number (If Applicable): | | |
| City: | State/Province: | Zip: | Phone: | Fax: | |
| End User & Installation Information | | | | | |
| End User Information | | | Installation Contractor Information | | |
| Primary Contact: | | | Contractor: | | |
| Address: | | | Address: | | |
| City: | State/Province: | Zip: | City: | State/Province: | Zip |
| Phone: | | Fax: | Phone: | | Fax: |
| E-Mail: | | | E-Mail: | | |
| Products | | | | | |
| Please list all products for the above job along with volume purchased/installed. | | | | | |
| | Product (name & part number) | | | Footage | |
| Premise | | | | | |
| Fiber | | | | | |
| Electronics | | | | | |
| OVD | | | | | |
| | | | | | |
| | | | | | |
| Validation | | | | | |
| Was the system tested in accordance with the standards? Y N | | | Did all installed Cable pass applicable tests? Y N | | |
| Were the cables free of defect and in working conditions? Y N | | | Were the cables installed by a certified professional installer? Y N | | |
| Registration must include (applicable for premise and fiber cables only): 1) Copy of horizontal schematics and total number of runs 2) Copy of passing test results for all runs (if on CD, please mail with copy of this registration form) | | | | | |
| Approvals | | | | | |
| By signing this registration form, you are stating that the above information is accurate, true, and complete | | | | | |
| End User Customer Signature: | | Date: | Installation Contractor Signature: | | Date: |
| Printed Name: | | | Printed Name: | | |
| General Cable Use Only | | | | | |
| General Cable Product Engineer: | | Date: | General Cable Datacom Business Team: | | Date: |
| General Cable Regional Sales Manager: | | | Distribution Name/Location (where purchased): | | |

Please fax or mail completed form and attachments to:

General Cable, Warranty Department (Wendy Castillo)
4 Tesseneer Drive Highland Heights, KY 41076
Phone: (859)572-8641
Dept. Fax: (859)572-8447

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