

Warranty Request Date:			Warranty applications may be submitted using one of the 3 options below: Mail: PerformaLink® Warranty Superior Essex 6120 Powers Ferry Road, Suite 150 Atlanta, GA 30339-2923 E-mail: Warranties@SPSX.com Fax: 770.657.6770			
END USER (WARRANTY HOLDER) INFORMATION			INSTALLATION CONTRACTOR INFORMATION			
Company Name:			Contractor Name:			
Primary Contact Name:			Primary Contact Name:			
Street Address:			Street Address:			
City:	State:	Zip:	City:	State:	Zip:	
Telephone:	Fax:		Telephone:	Fax:		
E-Mail Address:			E-Mail Address:			
PROJECT						
Project Name:			Project Manager:			
			Project Manager Telephone:		Project Manager E-Mail:	
Project Site Address:			Is the Project Manager RCDD certified: YES NO If YES, provide the Project Manager's RCDD certificate number:			
City:	State:	Zip:	List any other certifications:			
Project Site Phone Number:			Any Remote Site Locations: YES NO If YES, list all Remote Site Locations and contact information:			
Other Contact Information:						
Project Start Date:		Project Completion Date:				
TERMINATIONS						
			Voice:	Data:	Video:	Other:
Number of Terminations						
Superior Essex Copper Product(s) Used:						
Superior Essex Fiber Product(s) Used:						
Connectivity Manufacturer(s)						
Connectivity Manufacturer(s) Products Used:						
List all network protocol applications:						
Is the System Designer BICSI certified: YES NO If YES, provide the Designer's BICSI certificate number:			Was system tested in accordance with TIA and BICSI standards: YES NO			
List Distributor or reseller of Superior Essex:						
SIGNATURE OF THE WARRANTY HOLDER IS REQUIRED.						
Warranty Holder Signature:			Date:			
REQUIRED ATTACHMENTS						
Test Reports, in native file format, have been included with this application Bill of Materials (BOM) have been included with this application						
SUPERIOR ESSEX USE ONLY						
Superior Essex Approval Signature:			Date:	Version of industry standards in place at time of purchase:		