

Application for Backbone Cable and Horizontal Sub-System

Ref. no. (for office use): _____ Date: _____

INFORMATION ON THE CUSTOMER/OWNER OF THE SYSTEM

Company name: _____

Registered office address: _____

Address of the system under warranty: _____

Contact person (name): _____

Telephone: _____ Fax: _____

Email: _____

Address of the system under warranty: _____

Contact person at site (name): _____

Telephone: _____ Fax: _____

Email: _____

HYPERLINE SCS BACKBONE CABLE SUB-SYSTEM SPECIFICATIONS

NO.	ITEMS	PART NUMBERS	QUANTITY
1	Patch Cord		
2	Patch Panel/Distribution Unit/ Fiber-Optic Panel		
3	Main Cable*		
4	Fiber-Optic Connector		
5	Fiber-Optic Adaptor		
6	Fiber-Optic Box		

Continued on next page

HYPERLINE SCS HORIZONTAL SUB-SYSTEM SPECIFICATIONS

NO.	ITEMS	PART NUMBERS	QUANTITY
1	Patch Cord		
2	Patch Panel*/Distribution Unit		
3	Horizontal Cable*		
4	Consolidation Point		
5	Telecommunication Outlet*		
6	Other _____		

* These lines must be completed.

Has the test report been submitted? Yes No

Has the Bill of Materials been submitted? Yes No

Certified expert name: _____

Certified expert name: _____

Personal certificate number: _____

Personal certificate number: _____

Company name: _____

Company name: _____

Certified expert signature: _____

Certified expert signature: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

- Please complete Form No. 5 (Customer's Response) and send with this form.
- This form must be completed for each of the sub-systems applying for warranty.

Please submit this form via email to info@hyperline.com or scan and fax to 613-736-9752.