



# Ultima Warranty Application Form

To be completed by the Ultima Certified Installer (UCI)

## Applicant Details

Name			
Position			
Telephone			
Email			
Company Name			
Address			
		Postcode	
UCI No.			

## Project Details

Company/Site Name			
Address			
		Postcode	
Telephone			
Primary Contact			
Email			
Project Start Date		Project Completion Date	

## Number of Installed Links

Copper	Cat5e		Cat6		Cat6A	
Fibre	OM3		OM4		OS2	





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## Details of Copper Test Equipment

Manufacturer			
Model Name/Number		Serial Number	
Calibration Date		Software Version	

## Details of Fibre Test Equipment

Manufacturer			
Model Name/Number		Serial Number	
Calibration Date		Software Version	

Were only Ultima products (including Draka fibre optic cables) used?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are components compliant with intended applications?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Were the latest installation and test procedures followed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are the full test results attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Signed		Dated	
Print Name			

## For Internal Use Only

Date application received		Application approved	
Approved by		Date	
Warranty certificate issued		Date	
Valid from		Valid to	