WARRANTY APPLICATION FORM



INSTALLER (OR SYSTEM INTEGRATOR	END USERS
Company Name :		Company Name :
Address :		Address:
City:	ZIP :	City : ZIP :
Country:		Country:
Represented b	y	Represented by
Surname :		Surname :
Email :		Email:
First Name :		First Name :
Telephone :		Telephone :
·		Position:
1 05101011.		\(\tag{\tag{\tag{\tag{\tag{\tag{\tag{
Address: City: ZIP: Country: Date of installation	on start :on of installation :	
	TION OF THE INSTALL	

01 I WARRANTY APPLICATION





WARRANTY APPLICATION FORM



	Items	Qua	ntity			
Cable					-	
Connectivity outlets					7	
TEST CHARACTERISTICS				,		
TEST CHARACTERISTICS						
Type of field tester						
Test reports Number	То					
Standard (ISO, EN, TIA)						
Category / Class		J				
Ontical fiber links						
Optical fiber links						
	Items	Qua	ntity			
	Items	Qua	ntity			
	Items	Qua	ntity			
Connectors	Items	Qua	ntity			
Connectors Pigtails	Items	Qua	ntity			
Connectors Pigtails Adapters	Items	Qua	ntity			





02 I WARRANTY APPLICATION FORM

UKN WARRANTY APPLICATION FORM



WARRANTY APPLICATION PROCEDURE

This application form is to be completed, signed and sent to unikkern partner, maximum thirty (30) days after completion of the installation, together with the detailed test reports, saved on original format.

Within 30 days of receipt of the application documents, unikkern will either:

- Issue the Warranty Certificate or,
- Notify the Installer of the rejection of the application.

DECLARATION OF INSTALLER

- I certify that the information reported in this application form are correct.
- I certify that the links of the installation for which a warranty is requested have been individully tested according to the standard specified in this form and that the list of test reports sent with this application form correspond precisely to what has been physically tested on site.
- I certify that the mentioned cabling infrastructure has been designed and installed according to the professional standards in force.
- As appendix to this application form, I am providing the detailed test reports , saved on original format (not pdf), for all links concerned by the requested warranty.

Date :			
Authorized representant			
Name :		-	
Position :		-	
	0310	JKN WARRANTY APPLIC	CATION FORM



