

APPLICATON FORM

Eurolan SCS 25 Years System Warranty

Mark the current alternative with red color.

|  |  |
| --- | --- |
| Warranty type | New System/Upgrade |
| Subsystem | Horizontal/Backbone |
| Data transmission | Copper/Fiber |
| Cable structure copper | U/UTP, U/FTP, F/UTP, F/FTP, S/FTP, SF/UTP |
| Cable structure fiber | Tight buffer, Loose tube |
| Category cable copper | 6, 6A, 7A |
| Category hardware copper | 6, 6A  |
| Testing method | Permanent Link, Channel, TDR measurements |
| Installed number of links |   |
| Certified number of links |   |





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|  |  |
| --- | --- |
| End User (Company Name)\* |   |
| Contact Person\* |   |
| Contact Phone\* |   |
| Contact eMail |   |
| Installation Place Description\* |   |
| Installation address (full address)\* |   |
| Installation date\* |   |
|   |   |
| Authorized Eurolan Partner (Company Name)\* |   |
| Authorization Certificate Number |   |
| Partner Address (Full address)\* |   |
| Contact Person\* |   |
| Contact Phone\* |   |
| Contact eMail\* |   |
|  |  |
| \* Mandatory information |  |

