

25-year Applications Assurance Warranty Registration Form

Warranty Request Date: _____

End User Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Primary Contact

Name: _____

Installation Contractor Co: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Primary Contact

Name: _____

Project Manager Phone Number: _____

Project Manager EMail: _____

Is project manager GCE certified: Y / N

List any other certifications: _____

Project Name: _____

Project Site

Address: _____

City: _____ State: _____ Zip: _____

Project Site Phone Number: _____

Other Contact

Information: _____

Project Start Date: _____ Project Completion Date: _____

Other Contact

Information: _____

Project Start

Date: _____

Any Remote Site Locations: Y / N _____ If so, list how many, locations, and contact information: _____

Number of workstation terminations: _____

Voice: _____ Data: _____ Video: _____

Other: _____





List of Products Used:

[illegible]

List all network protocol applications:

Was system designer GCE certified?: _____

Was system tested in accordance with TIA and BICSI standards? Y / N

Did all terminations pass all tests?: Y / N

Have test results been submitted to GIRARD?: Y / N

Submission Date:

List Distributor or reseller of Girard?:

Your signature certifies that the above information is accurate, true, and complete:

End User Customer Signature: _____

Installation Contractor

Signature: _____

Girard USE ONLY

Girard Approval Signature

Version of Industry Standards in place at time of purchase:



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