

15/25 Year Warranty Project Registration Form #124

Check one: **15 Year System Warranty** **25 Year System Warranty**

Submitted by: _____ SMP Rep: _____

[Please Print or Type]

MDIS Contractor Information:

MDIS Contractor Name: _____

MDIS Project Manager: _____

MDIS Certificate Number: _____ Phone Number: _____

E-mail Address: _____

Project Installation Information:

Project - Company Name: _____

Project – Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

Project Name (to be printed on Warranty Certificate): _____

Project Description: _____

Project Dates: Begin: _____ End: _____

Type of Installation (Cat 5, Cat 5e, Cat 6, Fiber, etc.): _____

Cable Vendor Used: _____ P/N: _____

Project Design Documents Attached:

Invoices supporting purchase of SMP products

Test data (electronically preferred)

TO BE COMPLETED BY SMP MARKETING DEPARTMENT

Date Received: _____ Certificate Number Issued: _____

If you have any questions, please contact the Marketing Department.