

Hitachi Cable Manchester, Inc.

Hitachi Installer Training

Form 1 - Prospective/Renewal HIT Class

Please complete the following questionnaire to be considered as a potential HIT Installer.
Email to hit@hcm.hitachi.com or Fax TYPED form to 603-669-6629
Attention: HIT Coordinator Phone 800-772-0116 x448

Installer Contact Information:

First Name:
Last Name:
Title:
Company:
Address (1):
Address (2):
Mail Stop/Suite:
City:
State:
Postal Code:
Country:
Phone:
Fax:
Email:

Company Information:

Total Number of Employees:
Number of Designers:
Number of Installers:
What is your company's primary territory?
Number of Marketing and Salespeople:
Date Incorporated?
RCDD's on Staff:

During the past three years has your company participated in any training programs related to communications cabling provided by manufacturers, industry organizations, or professional training organizations?

_____ **Yes** _____ **No**

If yes, please list:

Does your company have multiple locations?

_____ **Yes** _____ **No**

If yes, please list your locations:

Are you currently affiliated with any other structured cabling manufacturers?

_____ **Yes** _____ **No**

If yes, please list manufacturers:

How do you classify your business? Please check all that apply.

- Data Cabling
- Voice Cabling
- ISP
- OSP
- MACs
- Interconnect
- Consultant
- System Reseller
- System Integration

Other: _____

Do you use HCM products on a regular basis?

_____ **Yes** _____ **No**

If yes, please identify which groups of HCM products:

- Category 5e
- Category 6
- Multi-Pair Category 3
- Power Sum Category 5e-25 Pair
- Fiber/Indoor
- Fiber/Outdoor

Please list the members of your staff to be trained:

Specify for each person:

Student Name	Installer	Designer	Project Manager	Initial Training?	
				Yes	No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Is this the company's _____ **Initial certification** or _____ **Recertification**

Payment:

_____ Class/Student Payment must be received two weeks prior to training.

_____ See Attached Regional Manager Approval Form

Approved by, Installer Contact (or Designate)

Signature

Date

Print Name

Purchase Order Number