

**HITACHI CABLE MANCHESTER, INC. (HCM)
25-YEAR LIMITED WARRANTY
PROJECT REGISTRATION FORM
Hitachi Installer Training (HIT)**

This Form Must Be Submitted Within Five (5) Days Prior to the Start of the installation of the Cabling System.

Request Date: _____

Section A – Certified Installer Information

HIT Company Name _____
Phone Number: _____
Address: _____

City: _____
State: _____
Zip Code: _____
HIT Registration Number: _____
Project Contact: _____

Section B – Project Information

HCM's 25-Year Limited Warranty is being requested for:

Customer Name:

(Pending Owner of Cabling System): _____
Project Site (Building): _____
Address: _____

City: _____
State: _____
Zip Code: _____
Telephone Number: _____
FAX Number: _____

Main Customer Contact _____

Estimated Project Start Date: _____
Estimated Project Completion Date: _____

Total Number of Outlets: _____
Number of Voice Outlets: _____
Number of Data Outlets: _____
Shortest Installed Copper Cable Run (feet): _____
Longest Installed Copper Cable Run (feet): _____
Longest Fiber Run MM (meters): _____
Longest Fiber Run SM (meters): _____

Section B – Project Information (cont.)

What type of project will this be?
(Addition, Move, Change)

Cabling System Design By: _____

Designer's Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Fax Number: _____

Main Contact (Designer): _____

*Does the Project require Auto-CAD or "DXF"
Files as part of the final documentation: _____
(Yes/No)

***If the above is "No", then complete the list below as to the type of As-Built"
drawings you will provide for the final documentation.**

As Built Drawing Number Description of What is to be Shown

_____	_____
_____	_____
_____	_____

Register Installer's Name to be assigned to the Project

<u>Full Name</u>	<u>Installers Registration Number</u>	<u>Date of Registration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section C – Registration Information

Forward Registration Information to:

Hitachi Cable Manchester, Inc
900 Holt Ave
East Industrial Park
Manchester, NH 03109

Telephone: (603)-669-4347

Please make sure the attached ‘Product Information’ sheet is completed, when submitting for Registration.

HIT Corporate Officer

Date

Print Name

Title

PM to Oversee Installation of
Cabling System

Date

Print Name

Title

HCM Approved By

Date

Project Registration Number

Site Warranty Certification Number

Internal Use Only

Section D – Qualified Connecting Hardware Manufacturer Information

Voice or Data Application: _____

Qualified Manufacturer of Connecting Hardware: _____

Voice or Data Application: _____

Qualified Manufacturer of Connecting Hardware: _____

Voice or Data Application: _____

Qualified Manufacturer of Connecting Hardware: _____

HCM Cable Information:

Multi-Pair Riser, Voice or Data Application: _____

Cable Part Number: _____

Estimated Amount of Cable: _____

Multi-Pair Riser, Voice or Data Application: _____

Cable Part Number: _____

Estimated Amount of Cable: _____

HCM Fiber: _____

Cable Part Number: _____

Estimated Amount of Cable: _____

Section E – Connecting Products To Be Installed

<u>Manufacturer</u>	<u>Part Number</u>	<u>Description</u>	<u>Qty.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above must be completed and submitted before a Project Registration Number can be assigned.