



Platinum Tools Limited 25-Year System Warranty Registration Form

Project Site Information

Company Name

Contact

Address

City, State, Zip Code

Phone #

Email Address

Installation Contractor Information

Company Name

Contact

Address

City, State, Zip Code

Phone #

Email Address

Category 5e Category 6 Category 6A

of Outlet Locations: _____

Keystone Connector P/N: _____

Patch Panel P/N: _____

Wall Plates P/N: _____

RJ45 Connectors P/N: _____

Cable Mfg: _____

Cable P/N: _____

Technician Certification

RCDD Certification No.

Cable Tester Mfg:

Cable Tester Model:

Cable Tester S/N:

Cable Tester Calibration Date:

Installation Start Date:

Installation Test Date:

Installation Completion Date:

I certify that all of the above information is correct.
Falsifying test results will void the warranty. Platinum Tools, Inc. reserves the right to review all information at the project site.

X

Installer Signature

Installer Name (Please Print) Date

Submit following Registration Documentation to 25-Warranty@PlatinumTools.com

- 1. Copy of Original Invoice
- 2. Invoice for Authorized Distributor
- 3. Network Wiring Map/Floor Plan
- 4. Test Data and Summary Reports
- 5. Copy of Mfg Certification Training

FOR OFFICE USE ONLY

Registration #:

Verified by:

Date Issued: Valid Through: