



1001 East Highway 212 • Hector, MN 55342
Tel: 800-852-8662 • Fax: 320-848-6218

APPLICATION FOR 25 YEAR WARRANTY

Date of completion: _____

Contractor: _____

Contractor Certification No. _____

Certified Installer(s) and Certification Numbers: _____

Job No. _____

Location: Residential Enterprise/Office Other

If you checked other, then please explain:

Project Site Information (must be completed for each site in the project)

Development or Site Name: _____

Site Address and/or Lot No.: _____

City/State/Zip: _____

Suttle Distributor for this project:

Company: _____ Contact: _____

Authorized UTP Cable Partner for this project:

Partner: _____ Cable Used: _____

Was performance testing conducted on this project? YES NO

(If testing was performed please submit proper documentation along with the warranty application.)

