



Warranty Project Registration Form #124

Check one: ☐ **25 Year OCC Copper System Extended Warranty**
☐ **25 Year OCC Fiber System Extended Warranty**

[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: _____

_____ # of Drops: _____

Project Dates: Begin: _____ End: _____

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

Cable/Connectivity Vendor Used: _____ P/N: _____

Project Design Documents Attached:

- ☐ Invoices supporting purchase of OCC products
- ☐ Test data (CD Format only)
- ☐ Site Survey (optional)

TO BE COMPLETED BY OCC MARKETING DEPARTMENT

Date Received: _____ Certificate Number Issued: _____

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