

Application for Contractor Certification Program

Company Name: _____

Primary Contact: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Email Address: _____

Total No. of Employees: _____ No. of RCDD's on Staff: _____ No. of P.E.'s on Staff: _____

Equivalent Experience:

Years in Business: _____ Years in Network Cabling Business: _____

Also Certified By: (Please attach any certificates to verify this) _____

Targeted Market: Customers / Geographic: _____

Distributors that you purchase from: _____

Industries Served

____ BAV ____ Commercial ____ Data Center ____ Federal Government ____ State and Local Government

____ Health Care ____ Industrial ____ Wireless ____ Education ____ Alarm and Security

References of 3 projects completed within the past 2 years by your location:

End User Company: _____

Address: _____

Project Contact: _____ Title: _____

End User Company: _____

Address: _____

Project Contact: _____ Title: _____

End User Company: _____

Address: _____

Project Contact: _____ Title: _____

Type of Training Requested: Copper Fiber Both

After being qualified as an MDIS partner, I agree to adhere to all design requirements and testing procedures as outlined in the MDIS Warranty Program.

Signature _____ Date: _____

TO BE COMPLETED BY OCC MARKETING DEPARTMENT

Date Received: _____ Certificate Number: _____