

20 Year LAN Warranty Registration Form



Express
madison
Commercial . Industrial . Wholesale



**PLEASE ENSURE SECTIONS 1, 2, AND 3 ARE COMPLETED,
AND SENT TO YOUR NEAREST MADISON REP BEFORE PROJECT START DATE.**

Section 1

Application Date: _____

Site Address: _____

City: _____

State: _____

Postcode: _____

Estimated Project Start Date: _____

Estimated Project Completion Date: _____

	Cat3	Cat5	Cat5E	Cat6	Cat6A	SMOF	MMOF
NUMBER OF EXPECTED POINTS							

Section 2

Installer Company Name: _____

Installer Name: _____

Installer Address: _____

City: _____

State: _____

Postcode: _____

Phone: _____

Email: _____

RCDD Certified (Yes / No) _____

ACMA License Number (mandatory): _____

Vendor Certifications: _____

NOTE: PLEASE PROVIDE CERTIFICATION OR EVIDENCE OF PRIOR TRAINING:

Do you consent to facilitate a site inspection by a Madison Authorised Person (Yes / No) _____

List all intended network protocol applications: _____

Section 3

Building Owner/End-user Name/Company Name: _____

Building Owners Address: _____

City: _____

State: _____

Postcode: _____

Phone: _____

Email: _____

Installer signature:

Site User signature:

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ONCE INSTALLATION AND TESTING HAS BEEN COMPLETED, PLEASE COMPLETE SECTIONS 4, 5, AND ENSURE ALL RELEVANT DOCUMENTATION IS SUBMITTED WITH YOUR WARRANTY APPLICATION FORM TO YOUR NEAREST MADISON REP.

Section 4

Please list all Approved Part Numbers Used (Please Refer to Madison Sales Rep)

Distributor or reseller where you purchased Madison products from:

Were all Australian Standards for Installation and testing completed for all sites (Yes / No)

Document Checklist	
Valid Calibration Certificate	<input type="checkbox"/>
Layout	<input type="checkbox"/>
Test Results (.flw or .tst files only)	<input type="checkbox"/>

Note: Please ensure STAR PASSES* are enabled on your device before you begin testing. Any STAR PASS* results are not covered under Madison 20-year warranty.

*Please ensure test results are in native format, PDF format will not be accepted.

Section 5

Please circle which approved tester was used.

DTX 1200 DTX 1800 DSX 5000 DSX 8000

Does the installation follow the relevant Australian standards and legislation for installation practises?

(Yes / No)

Do all the test results pass the relevant Australian standard?

(Yes / No)

By signing below, Customer and Cabler certify that the above information is true, accurate and complete. If this form is submitted electronically, then by filling in the names and dates below, the end user and the installation contractor - (1) certify that an original version of this form was manually signed by such persons on such dates, and (2) agree that such originally signed form will be given to Madison on request.

Date:

Installer signature:

Customer signature:

Madison Authorised signature:

Note: Please ensure all relevant documentation is submitted with application form to avoid delays in processing your warranty application.