

Maxxam Installer Programme



Partner Application Form

Company Name:		
Company Address:		Telephone (Main):
Contact Name:		Contact Role:
Contact Email:		Contact Mobile:
Number of Engineers:	Number of Project Managers:	Web Site address:
Does your company hold accreditation with any other structured cabling systems?		Yes No
If yes then please provide the name(s) of the manufacturer(s) and the date last trained:		
<u>Manufacturer</u>		<u>Date of training</u>
Name of distributor(s) you buy most structured cabling systems from:		
Number of structured cabling installations typically carried out over a twelve month period:		
Typical size of structured cabling installations (number of points):		
What make and model of <u>copper</u> cable tester do you use?		
What make and model of <u>fibre</u> cable tester do you use?		
Form Completed By:		Date: