

APS Structured Cabling Systems Warranty

A1 – Partner Program, APPLICATION FORM

APS Solutions Partner (ASP)	[thick if appropriate]
APS Cabling Partner (ACP)	[thick if appropriate]
Company name	
Legal address	
Operating Address	
Phone no.	
Web address	
Contact Person	
Job title	
Technical director	
Last year total turnover	
Last 3 years total turnover	
Last year turnover in SCS	
Last 3 years turnover in SCS	
No. of employees	
No. employees devoted to SCS engineering	
Installation manpower (# employees)	
Quality assurance	
Installation licences/certificates	
Notes	

Place, Date

Name, Title and signature