



## APPLICATION FOR BLOLITE™ SUB-FRANCHISE LICENSE

Contact Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date Established: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Geographical area of coverage requested: \_\_\_\_\_

List 3 job references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently install conventional fiber optic cable? \_\_\_\_\_

Do you have any experience with blown optical fiber? \_\_\_\_ If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently install any NextGen/General Cable products? \_\_ If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_

How many technicians would require Blolite training? \_\_\_\_\_

List potential projects for Blolite:

\_\_\_\_\_  
\_\_\_\_\_

What distributor(s) do you prefer to work with?

\_\_\_\_\_

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Submit to: NextGen Fiber Optics, 300 Lake Road Dayville, CT 06241

Attn: Blolite Product Manager

Fax: (860) 774-2571

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