

Device Registration Form

ER-EB 1000

Please observe

Form shall be filled in digitally
Entered information must be correct

Order number**Device owner (your company)**

p.e. 2206000/2180000

Contact person**Contact person's e-mail****List of acquired device's Serial Numbers (S/N)**

1	13
2	14
3	15
4	16
5	17
6	18
7	19
8	20
9	21
10	22
11	23
12	24

Completed form shall be sent to **register@r3coms.com**
Await confirmation e-mail when devices are ready to use
(up to **2 working days**)

additional fields on second page

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