

APPLICATION CHECK LIST

Please fill out and fax or email to MicroTek at (949) 297-4933 / info@microtekelectronics.com.

Company Information:

Name of Business: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Website: _____

Site Information:

Site Title: _____

Have you worked with wireless video before? _____

<p>Number of Fixed Cameras that need wireless: _____</p> <p>Please Identify the Fixed Camera Manufacturer</p> <p><input type="checkbox"/> American Dynamics <input type="checkbox"/> Sanyo <input type="checkbox"/> Bosch/Phillips <input type="checkbox"/> Sony <input type="checkbox"/> GE/Interlogix/Kalatel <input type="checkbox"/> Vicon <input type="checkbox"/> Panasonic <input type="checkbox"/> Other _____ <input type="checkbox"/> Pelco</p> <p>Please list the model of the Fixed cameras _____</p>	<p>Number of PTZ Cameras that need wireless: _____</p> <p>Please Identify the PTZ Camera Manufacturer</p> <p><input type="checkbox"/> American Dynamics <input type="checkbox"/> Samsung <input type="checkbox"/> Bosch/Phillips <input type="checkbox"/> Vicon <input type="checkbox"/> GE/Interlogix/Kalatel <input type="checkbox"/> Other _____ <input type="checkbox"/> Panasonic <input type="checkbox"/> Pelco</p> <p>Please list the model of the PTZ cameras _____</p>
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For Wireless Data or PTZ applications only:

What is the data protocol? What is the Baud Rate? What is the Parity? What is the wiring configuration?

- | | | | |
|---------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> RS-232 | <input type="checkbox"/> RS-2400 | <input type="checkbox"/> Odd | <input type="checkbox"/> 2-wire (RS-422/485 only) |
| <input type="checkbox"/> RS-422 | <input type="checkbox"/> RS-4800 | <input type="checkbox"/> Even | <input type="checkbox"/> 4-wire (RS-422/485 only) |
| <input type="checkbox"/> RS-485 | <input type="checkbox"/> RS-9600 | <input type="checkbox"/> None | <input type="checkbox"/> Half duplex |
| | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Simulated full duplex |

Maximum Transmission Distance _____

What type of power is available? _____

Minimum Transmission Distance _____

Will the wireless system be connected to another product:

Do you have wide-open line of sight?

- Yes No Not Sure

- Digital Video Recorder Matrix Switcher
 Multiplexer Other _____
 Web Server

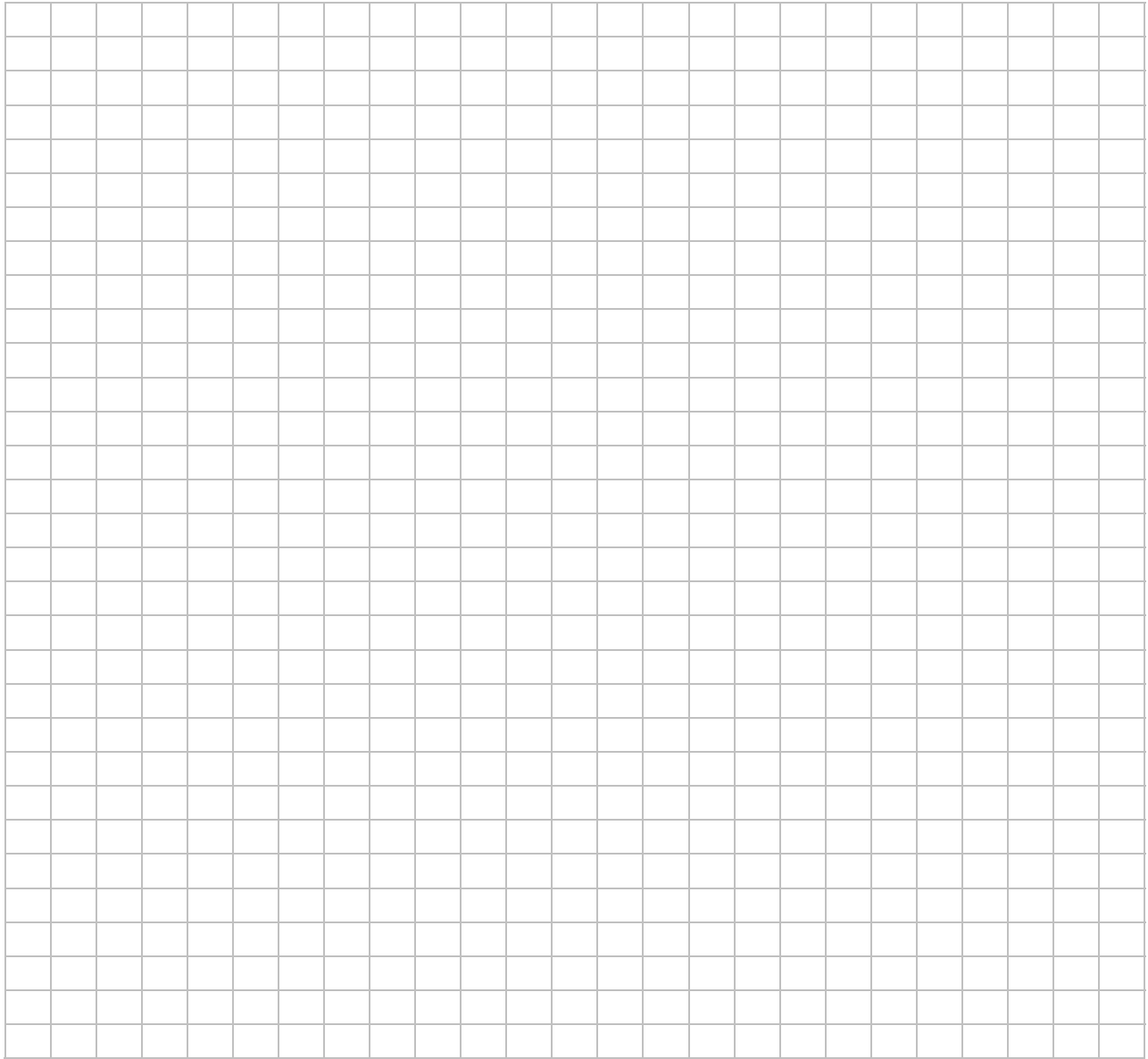
Describe the Environment (Check all that apply)

Any known possible causes of interference (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Office Park | <input type="checkbox"/> Utility
(water, gas, power) |
| <input type="checkbox"/> Industrial Complex | <input type="checkbox"/> Metro Area |
| <input type="checkbox"/> Port/Harbor | <input type="checkbox"/> Urban Area |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Residential Area |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Rural Area |
| <input type="checkbox"/> Campus | <input type="checkbox"/> Highway/Traffic |
| <input type="checkbox"/> Open Field | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bridge | |
| <input type="checkbox"/> Indoor Application | |

- Microwaves
 Other Transmitters
 Cordless Phones
 Wireless LAN/WAN
 Power Lines
 Cell Towers
 Satellite Dishes
 Other _____

Please provide a site drawing of the above proposed application.



NOTES:

Thank you for your time in completing this checklist, a representative will be in touch with you soon.