

The Genetec channel partner program

Partner program application form

Thank you for your interest in the Genetec Channel Partner Program. It should take you approximately 15 minutes to fill out our application form. Once the form is completed, please send it to: SalesSupport@genetec.com.

We will review your application within one week. Please note that approval of your application is conditional. Submission of a completed Partner Program Application is not a guarantee that your company will be approved to resell Genetec solutions. All fields are required. If you feel a field does not apply, please indicate "N/A".

Company information						
Legal company name:			Date the company was founded (mm/yyyy):			
Doing business as name(s) of company (if different from legal name):			If division/subsidiary, name of parent company:			
Primary contact:			Number of office/branch locations:			
Type of company: USA only: MWBE <input type="checkbox"/>			Website(s):			
Primary/billing address:			State/Province:			
Address 2:			Zip/Postal code:			
City:			Country:			
Phone (Please include country code if not in North America):						
Secondary phone:						
Email:			Fax:			
Does your company have a demo facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> (If other, please explain)						
<input type="checkbox"/> Please check here if shipping and billing addresses are the same. If different, enter the shipping address below						
Shipping address:			State/Province:			
Address 2:			Zip/Postal Code:			
City:			Country:			
Shipping address phone: (Please include country code if not in North America):						
Contact information						
Please provide information on key contacts within your company; if additional space is required, please use a separate form or submit a contact list to us in an Excel spreadsheet (.xls format).						
Who	First name	Last name	Title	Business phone	Mobile	Email
Executive(s)						
Sales						
Technician(s)						
Project Manager(s)						
Purchasing						
Marketing						

Office/Branch information

Please provide the addresses of all global offices; if additional space is required, please use a separate form or submit a list to us in an Excel spreadsheet (.xls format). Please use an asterisk by the address to indicate whether the location has a demo facility.

Address	City	State/ Province	Zip/ Postal code	Country	Primary contact & email	Primary phone

Commercial information

Please categorize your security business: (Check any/all that apply)

Systems integrator: Regional National International

Distributor: Regional National International

Value-added distributor: Regional National International

In which states/provinces and country is your business focused?

What are your annual revenues? Less than 500K 501K-1M 1M – 5M 5M – 10M 10M+

What are your annual sales from IP security? Less than 500K 501K-1M 1M – 5M 5M – 10M 10M+

How are your IP security sales distributed by percentage? (Please enter values to total 100%)

Software _____ On-premises storage _____ Cloud storage _____ Other security hardware _____

Services _____

How are your sales distributed by product category? (Please enter values to total 100%)

Video surveillance _____ Access control _____ License plate recognition _____ Other _____

(If other, please explain) _____

Which of the following vertical markets does your company target? Please select all that apply.

Banking/Financial

Corrections

Gaming

Higher education

Healthcare

Public sector (Local/State Government)

Primary education (K-12)

Critical Infrastructure/Utilities

US Federal Government

Transit/Transportation

Enterprise/Commercial

US Military

Retail

Sports & Entertainment

Other(s) (Please specify)

Does your company bid on government RFPs/tenders? Yes No

Cybersecurity

Does your company provide consulting services to your customers around cyber security and system hardening?

Yes No

Please provide a brief overview of the processes/procedures your team employs regarding encryption, authentication and authorization.

Do you have any specific certifications related to cyber security? Yes No

Does your company have a cyber insurance policy? Yes No

Cloud-based services & RMR

Does your company sell cloud-based products/services? Yes No

What percentage of your business represents recurring monthly revenue?

What is the annual volume your company sells as RMR?

What percentage of your RMR represents products/services you resell on behalf of manufacturers versus those you develop?

Sales profile

Please provide references for 3 recently completed projects so that Genetec can verify your company's level of IP security expertise:

- 1)
- 2)
- 3)

How many technicians do you intend to certify with Genetec?

Please indicate if any of your technicians hold any of the following certifications:

Cisco CCDP/CCDE Number of certified technicians _____

Microsoft MCSA/MCSE Number of certified technicians _____

Briefly describe your business development and/or marketing efforts, including any current potential Genetec opportunities:

Please indicate the technological or commercial partnerships your company has today:

Aimetis

Allegion/Schlage

AMAG

Arecont

ASSA ABLOY/Corbin Russwin

Avigilon

Axis

Axxonsoft

Bosch

Brivo

Cardax

Dahua

Digifort

Digital Watchdog

Exacq

GE Interlogix

HID

HikVision

Hirsch

Honeywell

Imron

Indigo Vision

Innometriks

IP Video Corp

IpConfigure

Kaba

Kantech

Keyscan

Lenel

Mercury

Milestone

Mobotix

Nedap

Next Level

NICE

NUJO

OnSSI

Open Options

Panasonic

Pelco

RS2

S2

Salient

Salto

Samsung Techwin

SeeTec

Siemens

Sony

TIL

Tyco/Software House/American Dynamics/CCure

Verint

Video Insight

Viscount

VIVOTEK

Other(s) (Please specify):

Review

I understand that the information provided will be used solely for the purpose of evaluating my company's participation in the Genetec Channel Partner Program and our ability to meet the Genetec annual sales volume requirements. I am authorized to provide this information to Genetec.

I attest to the accuracy of this information provided and understand that my company may be asked to provide additional information by Genetec.

Signature:

Print name:

Title:

Date:

Genetec will hold the information provided strictly confidential.

If you have any questions about the status of your Genetec Partner Program Application, please feel free to contact us at SalesSupport@genetec.com.