



## AUTHORIZATION FOR AUTOMOTIVE KEY GENERATION and/or IMMOBILIZER SYSTEM/ANTI-THEFT SERVICES

I hereby certify that I have the authority to order keys and immobilizer system reset services for the vehicle indicated below. I agree that the information I am providing is true and correct. Further, to the maximum extent permitted by applicable law, I agree to indemnify and hold harmless the service provider listed below and related parties providing security information from any and all liability or claims that may arise from the performance of this service. I further agree to indemnify the automaker and their affiliates, successors, assignees, and nominees from any and all claims, losses, or costs (including reasonable attorney's fees) arising from any acts or omissions of the service provider, the service provider's employees, subcontractors, or agents.

Vehicle Owner/Customer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Vehicle Owner/Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The LSID Holder must fill out this form, after personally looking at the photo I.D. , the registration and the VIN plate on the Vehicle. These forms are to be kept for 2 years in a secured location as per the NASTF positive I.D. Policy.**

Driver's License Number<sup>1</sup> \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_  
 Other Form of ID (specify type and number): \_\_\_\_\_  
 Vehicle Year, Make, Model, and Color: \_\_\_\_\_  
 License Plate No.: \_\_\_\_\_ State of Vehicle Registration: \_\_\_\_\_  
 Vehicle ID Number (VIN) \_\_\_\_\_ (17 characters)  
 Odometer Reading (mileage): \_\_\_\_\_ (or) Not Available:   
 For Dealership/Auctions: PO / Stock # \_\_\_\_\_ / \_\_\_\_\_  
 Service Performed:  Key cut from code  Immobilizer reset  Other (describe below) :

VSP/Service Provider Business Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip Code: \_\_\_\_\_  
 VSP/Technician Name and LSID: \_\_\_\_\_  
 VSP/Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contracting Shop Owner/Mgr Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Item 8 of the Positive ID Policy)

<sup>1</sup> IMPORTANT: Mobile Service Providers - If the VSP is not present at the time vehicle is received for service by a contracting service facility, the contracting service facility must make a photocopy of the vehicle owner's driver's license and attach to this form. Additionally, a valid registration must be left with the vehicle so that the VSP can verify that the driver's license matches the ownership documentation.  
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