SECURE DATA RELEASE AUTHORIZATION FORM

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 _____

Driver's License Number _____ State _____ Expiration Date: _____

Other Form of ID (specify type and number): _____

Vehicle Year _____ Make _____ Model _____

Color: _____ License Plate Number _____ State of Vehicle Registration _____

Vehicle ID # |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |___ |

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↓TO BE COMPLETED BY SOS STAFF ↓

Odometer Reading (mileage): _____ (or) Not Available: □
For Dealership/Auctions: PO / Stock # _____
Service Performed: Key cut from code □ Immobilizer reset □
Other : _____

VSP/Service Provider Business Name

Phone Address

City / State / Zip

VSP/Technician Name LSID:

VSP/Technician Signature

Contracting Shop Owner / manager signature

Owner/Manager Signature Date