

KNOX MEDVAULT® REGISTRATION FORM

MedVault reference includes all product family models including MedVault, Mini and StationVault

STARTING YOUR KNOX MEDVAULT PROGRAM

Completion of this form provides the Knox Company with the information necessary to begin your rapid access program. A system code and a restricted lock code can be assigned to your department/agency.

CHANGE NOTICE

Changes in authorized signatures must be submitted to the Knox Company using the change request form, or a letter on your department/agency's official letterhead with an authorized signature.

STATEMENT OF AUTHORITY

An authorized signature on this form denotes the person(s) listed are authorized to order products (i.e. Master Keys, MedVaults, etc.) from the Knox Company; and that the Knox Company may accept the authorized signatures on this form and rely on their accuracy when fulfilling orders submitted by your agency/department.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. **DEPARTMENT NAME:** _____

Street Address: _____

Mailing Address (if different than the street address): _____

City: _____ County: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

2. **DEPARTMENT HEAD - EMS CHIEF, OR CAPTAIN OVERSEEING THE PROGRAM ON BEHALF OF THE FIRE DEPARTMENT:**

Name: _____ Title: _____

3. **KNOX PROGRAM COORDINATOR:**

The Knox program coordinator for your department's rapid access system. All materials will be sent to this person at the address listed above.

Name: _____ Title: _____

4. **SYSTEM REQUIREMENTS:**

Please order the exact number of keys required. Extra Keys are easily lost or misplaced. With an authorized signature, additional keys may be ordered as needed, at no charge.

5. **NEW SELECTION BOXES:**

Jurisdiction requests a master key override. Number of MedVault keys required: _____

Jurisdiction requests vault override keys to be keyed differently per vault (non-combinated)

Two keys per vault are provided

Jurisdiction request master key override

Jurisdiction requests override to be keyed differently

Jurisdiction will will not use badge access

If **will** is marked, please complete the Credential Registration Form.

6. **AUTHORIZED SIGNATURES:**

Authorized signatures are required to:

- Order Knox MedVault Override Keys
- Delete/add names of authorized signatures

7. **BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:**

- Keep all keys in a secure place.
- The release of keys and/or database access will be at the sole discretion of the owner; and the owner accepts and will be accountable for the actions of their designated assignee(s).
- Sharing access to the Knox installation database is strictly prohibited, unless required by law.
- Notify Knox immediately of loss, theft or attempted duplication of any key.
- The Terms and Conditions of Use detailed on the reverse side of this form.

AUTHORIZED SIGNATURE(S) REQUIRED (signature must be within the space provided)

PRINT NAME AND TITLE	AUTHORIZED SIGNATURE Actual signatures are required to process the request(s)	DATE

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TERMS AND CONDITIONS OF USE

In order for the Knox Company to maintain the integrity of the Knox System, Knox requires that all persons who will use Knox Master Keys be bound by the following "Terms and Conditions of Use."

- a. All Knox Master Keys delivered to the Department shall remain the sole and exclusive property of the Knox Company, and may only be used in accordance with these Terms and Conditions of Use.
- b. The Knox Master Key is a security device and access to the Knox Master Key must be controlled within the Department. The persons signing on the reverse side who are authorized signatories for the Knox Rapid Access System are authorized to request that Knox provide Master Keys to the Department. Such persons should make every reasonable effort to protect against improper use or loss of Knox Master Keys.
- c. Department personnel should not release the Knox Master Key to any unauthorized person or Department. Signatories shall notify users of these Terms and Conditions of Use.
- d. It is recommended that all Knox Master Keys be kept in a secure place and maintained in good condition.
- e. If a Department wishes to discontinue the Knox Rapid Access System, all Knox Master Keys shall be returned to the Knox Company.
- f. Notification must be given by the Department of loss, theft, damage or destruction to any Knox Master Key in a timely manner, in order that records may be kept accurately for the total number of Knox Master Keys distributed to the Department and to allow Knox an opportunity to take whatever steps it deems necessary to protect the Knox Rapid Access System.
- g. Knox Master Keys may not be duplicated or altered in any way. The Key Codes associated with Knox Master Keys and KeyWays remain the exclusive property of the Knox Company.
- h. Knox Master Keys are provided solely for use with the Knox Rapid Access System. No other use of the keys or their associated codes is authorized or permitted.
- i. Knox Master Keys and their associated codes may be used only with product manufactured by the Knox Company. Use with any other products is prohibited.
- j. Tampering with or altering key codes in Knox Products without expressed authorization from the Knox Company is prohibited.
- k. These Terms and Conditions of Use are defined to help ensure the dependability of the Knox Rapid Access System over its lengthy expected life. Failure to comply with these Terms and Conditions of Use may result in a system more vulnerable to misuse, both intentional and unintentional. Therefore, the Knox Company reserves its rights to cancel the respective Knox Rapid Access System registration and support, which include the efforts required to maintain and control the registered key code/section for the Department.

