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KEY CUTTING AND ECU PROGRAMMING AUTHORIZATION / WAIVER

By signing below I hereby authorize S.O.S. Lock Service to perform the work indicated below. I have the authority to have this work performed on the vehicle and have provided the required documentation.

For 3rd party repairs, I agree to correctly determine the owner of the vehicle and will gain his/her permission to have this procedure done. I will collect his/her full name, address, telephone number, License plate number, Vehicle Identification Number (VIN), year, make, and model of the vehicle for which the Engine Control Module, ECU or ICU unit is to be used.

DISCLAIMER FOR ELECTRONIC SERVICES

S.O.S. Lock Service does not warrant any circuitry in the Engine Control Module, ECU or ICU unit supplied to us. No liabilities for any use of the modified Engine Control Module, ECU or ICU are assumed whatsoever for any costs, claims, or damages filed for or caused by incorrect use of the modified Engine Control Module, ECU or ICU unit.

WORK TO BE PERFORMED (check one)

- New key cut by code, you provide code
- New key cut by code, we provide code
- ECU resetting

Name: _____

Company: _____

Address: _____

Telephone #: _____

Year: _____ **Make:** _____ **Model:** _____

VIN: _____ (17 characters)

ECM # (for ECU reset only) _____

Key Code (for key cutting only) _____

Sign full name _____ **date** _____

Please print this form, completely fill out the pertinent information, sign and date it. Send this to us with a copy of your state drivers license and one of the following: vehicle insurance card, title, or registration.