Colocation Key Card Issuance Acknowledgement and Agreement



| 1. Access Card: Initial Replacement* * Existing Access Card #: | | | | | | | |
|---|-----------------------------|-------|----------------------|-------|----|------|--|
| 2. Applicant Information: | | | | | | | |
| Is Applicant a U.S. Citizen? Yes No <> If No, list Alien Registration numbe | r here: | | | | | | |
| Applicant is a: Colocator Employee Approved Uniti Vendor Colocator Restricted Vendor | | | | | | | |
| If vendor, provide name of Uniti sponsor: | | | | | | | |
| Applicant Name: (Last) | Applicant Name: (First, MI) | | | | | | |
| Date of Birth: | Place of Birth: | | | | | | |
| Applicant Phone #: | Applicant Email | | | | | | |
| Manager Name: Manager Email: | | | l: | | | | |
| Manager Phone #: 24 Hour Contact Phone #: | | | | | | | |
| Company Name: | | | | | | | |
| Company Address: (Street) | | City: | State | Zip: | | | |
| 3. Has the prospective Access Card/I.D. Holder: | | | | Yes | No | Date | |
| 1. Been convicted of a felony within seven years prior to background investigation? | | | | | | | |
| 2. Been convicted of a felony since the background investigation date? | | | | | | | |
| 3. Been employed by Uniti Fiber, or former entities now known as Uniti Fiber? (If yes, also answer 3a below) | | | | | | | |
| 3a Terminated for cause? | | | | | | | |
| 4. Worked as a contractor or contractor employee on the premises of Uniti Fiber, or former entities now known as Uniti Fiber? | | | | | | | |
| 5. Been removed for cause from the premises of Uniti Fiber, or former entities now known as Uniti Fiber? | | | | | | | |
| 4. Supporting Information and Certification (Background information required for Initial Application): | | | | | | | |
| Background investigation performed by: | | | | Date: | | | |
| Authorized Representative Name: Authorized Representative Title: | | | | | | | |
| Authorized Representative Phone #: Authorized Representative Phone #: | | | epresentative Email: | | | | |
| Authorized Representative's Signature: | | | | Date: | | | |

| 5. Colocator Mailing Address (Must be the business address of the approved Secure Colocator Point of Contact): | | | | |
|--|----------|--------|--------|--|
| Attention: | Company: | Phone: | Email: | |
| Address: | City: | State: | Zip: | |

| 6. Send Completed Applications & Photograph to Uniti Fiber: | | |
|---|--|--|
| Email: ufcolo@uniti.com | | |
| Headshot Photo: Please provide headshot with solid color background. No hats or sunglasses. | | |

| 7. Uniti Fiber Reviews & Approvals (Uniti Fiber use only): | | | | |
|--|--------------|----------|--------------------------------|-------|
| Name: | | | Badge Number: | Date: |
| UF Colo Team Review: | Approved | Rejected | Attach explanation if rejected | |
| | If Rejected: | | | |

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I acknowledge as a Uniti Fiber customer/colocator/vendor, I have been issued and am in receipt of one (1) HID Systems Door Key Card for use as long as I remain in good standing with Uniti Fiber.

I understand that the card is only for my authorized access the Uniti Fiber Colocation Facility and using the card in a manner other than intended may result in damage for which I will be responsible.

I agree to return the card upon expiration of our Colocation Agreements.

I understand and agree that I will be responsible for the cost associated with replacing the card if lost or rendered unusable due to my negligence.

I understand that the replacement cost for this card is thirty-five dollars (\$35.00).

I understand that I will have a photo on file at Uniti Fiber associated with the card I am issued. I am aware that the Colocation Facility is monitored 24/7 via video camera.

| Card issued to: | (Print) |
|-----------------|----------------|
| | |
| Card issued to: | (Signed) Date: |