

Colocation Key Card Issuance Acknowledgement and Agreement

1. Access Card: Initial Rep	lacement							
2. Applicant Information:								
Is Applicant a U.S. Citizen? Yes No <> If No, list Alien Registration number here:								
Applicant is a: Colocator Employee Colocator Restricted Vendor								
If Colocator Restricted Vendor, please provide name of Uniti Colocator:								
Applicant Name: (Last)			Applicant Name: (First, MI)					
Date of Birth:			Place of Birth:					
Applicant Phone #: App			Applicant Email:					
Manager Name:			Manager Email:					
Manager Phone #:			24 Hour Contact Phone #:					
Company Name:								
		Applicant Jo	Applicant Job Title:					
Company Address: (Street)			City:	State	Ziį	p:		
3. Has the prospective Access Card/I.D. Holder:					Yes	No	If Yes, Date of Event:	
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, or former entities now known as Uniti? (If yes, also answer 3a below)								
3a. Terminated for cause?								
4. Worked as a contractor or contractor employee on the premises of Uniti, or former entities now known as Uniti?								
5. Been removed for cause from the premises of Uniti, or former entities now known as Uniti?								
4. Supporting Information and Certification (Background information required for Initial Application):								
Background investigation performed by: Date of Background Check:								
*Authorized Representative Name: Authorized Representative Title:								
Authorized Representative Phone #: Authorized Representative Email:								
Authorized Representative's Signature:		Date:						
Please Note: If a background check was completed during your current employment onboarding, confirmation of its completion is sufficient; no documentation is required.								
E. Shinning Address:								
S. Shipping Address: 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):								
ame: Badge Number: Date:								
UF Colo Team Review:	Approved Rejected Att	tach explanation if rejected						
	If Rejected:		-,					
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^{*}Authorized Representative: Someone at the applicant's current employer responsible for verifying that the applicant has had a background check completed.



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I acknowledge as a Uniti Colocator/Colocator Restricted Vendor, I am being issued (1) HID Systems Door Key Card for use as long as I remain in good standing with Uniti.

I understand that the card is only for my authorized access to Uniti Colocation Facilities 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 associated with the card I am issued. I am aware that Uniti Colocation Facilities are monitored 24/7 via video camera.

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