

AIMS KEY-FOB ACTIVATION REQUEST FORM



Name:		Date:	
Department	t:	CC Centre:	
Group / P	I:	CF Centre:	
Phone:		Fund:	
Email:			
consultatio users fol unauthorize	Access ccess to the AIMS Laboratory may be granted on with the Laboratory Manager. Member groups are low appropriate procedures for maintaining ted access. Key-fobs are issued on an individual ba	responsible for ensuri the security of the fact	ng that individual
programmed	are issued centrally through the business off: d to permit access to several Departmental Fac scretion of the Laboratory Manager to maintain	cilities. Please note, a	access may revoked
I acknowled	dge having read this notice and accept the above co	onditions:	
_	User Signature	Research Director (PI	