

This form is to be used when an AD unit is being transferred from one owner to another.  
Please complete all information in full.

Upon completion of this form; **email to:** [irm.ad.repair.us@dormakaba.com](mailto:irm.ad.repair.us@dormakaba.com)  
**or fax to:** +1-800-404-4526; **ATTN:** AD Customer Service

**UNIT SERIAL NUMBER (required):** \_\_\_\_\_

**Reason for Change (optional):**

**New Owner Information:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the new owner an existing AD equipment Owner?

No  Yes  Serial Number: \_\_\_\_\_

**Existing Owner Information:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**For Office Use Only**

**Editing Agent:** \_\_\_\_\_

**Date:** \_\_\_\_\_