



**LOST OR STOLEN PRODUCT AFFIDAVIT
ACTRIS**

Insurance
 No Insurance

Date _____

_____ of _____
(Keyholder's name – please print) (Company name)

States as follows:

1. The Keyholder received the below listed product from Supra Products:

2. The aforesaid Key has been lost or stolen and despite diligent search has not been recovered.

3. The Key has not been voluntarily transferred or given to any other party.

4. I have no knowledge of the whereabouts of the key.

5. The Key was lost or stolen due to the following circumstances:

Keyholder's Signature

Agent Identification Number

Date

OFFICE USE ONLY

Replacement eKEY or DisplayKEY # _____

Issuance Fee Received: _____ **Date:** _____

Lost/Stolen Product Return Date: _____