

System Certification Live Migration Authorization

Company Name _____
Customer Number _____
Company Integrator _____

Expected Live Start Date (MM/DD/YY): _____

Additional Notes or Comments _____

- ☐ Sample labels attached
- ☐ Sample manifest(s) attached



For Technician Use Only

Live Log-in ID _____
Live Password _____
Live URL _____

- ☐ Label samples approved
- ☐ Manifest sample(s) approved

Additional Notes or Comments _____

Technician Signature

Date (MM/DD/YY)

Please ensure that Customer receives a copy of this document to retain for their records.