



Agency Web Access application to D-Safe

Applicant's First Name _____

Applicant's Last Name _____

Applicant's E-mail Address _____

Applicant's Access Level: (check one) Director Agent

(Director level has access to all clients within an Agency, Agent level accesses clients assigned to specified agent)

Agency Name _____

Agency Address _____

Agency Phone # _____

Agency Fax # _____

Requested User ID _____

(must be at least 7 characters – combination of letters and numbers only)

Please E-mail or Fax completed form to the Reporting department

E-mail: interlockreporting@draegerusinterlock.com

Fax: 972-929-6765