

Trellix License Review and Certification Form

On the behalf of _____ (Company Name), I _____ (your name) certify that I have conducted the Trellix Product Deployment Review for all users within the enterprise that would benefit from the functionality of the Trellix applications, regardless of ownership.

Is this Certification for (Country Name) or (Worldwide)? _____ Please list all company names/entities that this certification includes:

Are the products being used for internal purposes only? (Y / N)

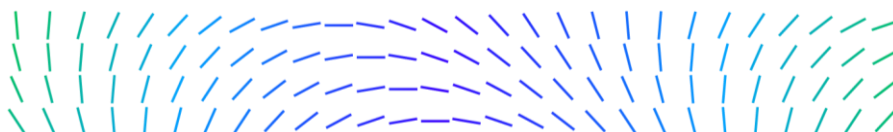
If No, please explain:

Please provide the User quantity of each license type deployed within your organization below. Employees, Printers and Servers are considered as a User(s).

User definition: A “User” for subscribers of MVISION product is defined as a unique individual person within a company, organization, or other entity, where: (1) the company, organization or other entity has acquired a valid subscription(s) or license(s) to use the product, and (2) the company, organization or other entity has authorized the particular individual person to use the product. For devices that are shared among “Users”, such as printers, each device shall be counted as a single User.

Product	Total User Count
Endpoint Security Threat Prevention (ENS):	_____
Endpoint Security Firewall:	_____
Endpoint Security Web Control:	_____
Mobile Threat Detection:	_____
MVision Endpoint:	_____
Adaptive Threat Protection (DAC + Real Protect):	_____
Data Exchange Layer (DXL):	_____
Threat Intelligence Exchange Server (TIE):	_____
Device Control:	_____
Application Control for Desktops:	_____
Endpoint Detection and Response (EDR):	_____

NOTE: For “User” definitions, please access the Product Entitlement Definitions [here](#)



If your product is not listed above, please provide the product name and usage below.

Product Deployed: _____

Product Deployed: _____

Total Usage: _____

Total Usage: _____

If you require more space, please include additional product deployment usage on a separate page.

The individual signing below represents that he/she has the authority to execute this document on behalf of _____ and hereby certifies that the products and the quantities indicated above accurately reflect the current use of Trellix solutions within _____.

Certification Acknowledgement

Authorized Signature: _____

Printed Name: _____

Review Date: _____

