1. **AGENCY INFORMATION: Rev. 3 – 09/28/2020**

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| **PRIMARY COORDINATOR:** | Click or tap here to enter | **REQUEST DATE** | Click or tap to enter a date. |
| **DEPARTMENT – DIVISION:** | Click or tap here to enter | **BUILDING NAME** | Choose an item. |
| **MSC# and ZIP Only:** | Click or tap here to enter text. | **TELEPHONE #** | Click or tap here to enter text. |
| **NCID** | Click or tap here to enter text. | **E-MAIL** | Click or tap here to enter text. |
| **BADGES ONLY** | **KEYS AND CORES ONLY** | **BADGES AND KEYS & CORES  <- *check (1) only*** | |

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| **2. COMPLETE THIS PORTION TO ADD A NEW BUILDING COORDINATOR.**  **1** |

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| **COORDINATOR 1 REQUEST: *Check 1 box only*** | **EXPLANATION** Choose an item. |
| **Primary Badges Only Primary Keys & Cores Only Primary Keys, Cores and Badges**  **Backup Badges Only Backup Keys & Cores Only  Backup Keys, Cores and Badges** | |
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| **FIRST:** Enter first name | **MIDDLE INITIAL:** Click | **LAST NAME:** Click to enter last name |
| **PHONE:** Click or tap here to enter number. | **NCID:** Click | **EMAIL** Click or tap here to enter email. |

**2**

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| **COORDINATOR 2 REQUEST: *Check 1 box only*** | **EXPLANATION** Choose an item. |
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| **Primary Badges Only Primary Keys & Cores Only Primary Keys, Cores and Badges**  **Backup Badges Only Backup Keys & Cores Only  Backup Keys, Cores and Badges** | |

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| **FIRST:** Enter first name | **MIDDLE INITIAL:** Click | **LAST NAME:** Click to enter last name |
| **PHONE:** Click or tap here to enter number. | **NCID:** Click | **EMAIL** Click or tap here to enter email. |

**3. COMPLETE THIS PORTION TO REMOVE AN EXISTING BUILDING COORDINATOR.**

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| **COORDINATOR REMOVAL REQUEST: *Check 1 box only*** | **EXPLANATION** Choose an item. |
| **Primary Badges Only Primary Keys & Cores Only Primary Keys, Cores and Badges**  **Backup Badges Only Backup Keys & Cores Only  Backup Keys, Cores and Badges** | |
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| **FIRST:** Enter first name | **MIDDLE INITIAL:** Click | **LAST NAME:** Click to enter last name | **NCID:**Click here to enter text. |

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| **FIRST:** Enter first name | **MIDDLE INITIAL:** Click | **LAST NAME:** Click to enter last name | **NCID:**Click here to enter text. |

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| |  | | --- | | **4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO:**  [security.systems@doa.nc.gov](mailto:security.systems@doa.nc.gov)  **5. SECURITY SYSTEMS WILL CONTACT EACH PERSON VIA E-MAIL TO CONFIRM THEY ARE ACTIVE COORDINATORS**  **6. GO TO** <https://ncadmin.nc.gov/about-doa/divisions/facility-management>  **for additional guidelines and information.** | |
| Your electronic permission below from a valid **Building Coordinator** provides the power for an individual to process **keys, cores and/ or badge requests** on their behalf. There can only be **(1) Primary Building** **Coordinator** and under them **only (2) Backup Coordinators**. **All forms** ***must*** come from an approved Building Coordinator’s email or they will not be processed. Thank you, Security Systems Management |
| **Type name here:** Click or tap here to enter electronic signature. **DATE:** Click or tap to enter a date. |