1. **COMPLETE THIS PORTION FOR ORDERING PURPOSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **BUILDING COORDINATOR:** | Click or tap here to enter name | **REQUEST DATE** | Click or tap to enter a date. |
| **DEPARTMENT – DIVISION:** | Click or tap here to enter name | **BUILDING NAME** | Click or tap here to enter name |
| **MSC# and Zip Only:** | Click here to enter address | **TELEPHONE #** | Click here to enter number |
|  |  |  |  |
| **REQUESTOR** | Click or tap here to enter name | **BUILDING NAME** | Click or tap here to enter name |
| **COMPANY** | Click or tap here to enter name | **ADDRESS** | Click here to enter address |

1. **COMPLETE THIS PORTION FOR REIMBURSMENT PURPOSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **REIMBURSEE NAME** | Click here to enter name | **TITLE** | Click or tap here to enter title |
| **KEY DEPOSIT ADDRESS:** | Click here to enter address | **TELEPHONE #** | Click here to enter number |

1. **KEYS FOR TEMPORARY ACCESS TO STATE PREMISES FOR AUTHORIZED CONTRACTORS WILL SUBJECT SAID CONTRACTORS TO FOLLOW AND ACCEPT THESE GUIDELINES BEFORE KEYS CAN BE DISTRIBUTED**

|  |
| --- |
| 1. **FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities**
 |
| 1. **The Building Coordinator shall process the electronic form by utilizing the AIM\ReADY Web Portal**
2. **Only (1) individual shall be listed as the keyholder per form**
 |
| 1. **A $100.00 deposit is required for EACH Key**
 |
| 1. **Only checks are approved means of payment (Credit Cards are not acceptable means of payment)**
2. **Payments are to be made for each person keys are assigned to (1 check per keyholder i.e. user)**
 |
| 1. **All checks will be deposited within 7 days of receipt in following with Fiscal management guidelines**
 |
| 1. **The Requesting Party is RESPONSIBLE for CONTROL and USE of each key**
 |
| 1. **In the event of the termination of the person to use key, the key shall be returned to Security Systems**
 |
| 1. **If key is changing hands Security Systems MUST be notified to re-assign the key to the new personnel**
 |
| 1. **When keys are returned to Security Systems the reimbursement forms will be processed within 7 days, then the DOA Fiscal Management Division will return deposits to the address listed in the reimbursement section 2**
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KEY CODE** | **ROOM # or DESCRIPTION** | **KEY HOLDER NAME** | **DL LAST 4 OR** **NC STATE ID #** | **SECURITY SYSTEMS USE ONLY** |
| Enter code | Enter number | Click to enter text. | Enter number |  |
| Enter code | Enter number | Click to enter text. | Enter number |  |
| Enter code | Enter number | Click to enter text. | Enter number |  |

**I hereby understand and agree to abide by these terms and conditions**

|  |  |
| --- | --- |
| **KEY PICKED UP BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **KEY ISSUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****THIS SECTION IS FOR SECURITY SYSTEMS USE ONLY** | **RECEIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **WORK ORDER NUMBER** |  | **COMPLETION DATE** |  |
| **MAN HOURS** |  | **COMPLETED BY** |  |

*Revision III / 09-29-2020*