

CONTRACTOR KEY REQUEST FORM
CONTRACTOR North Carolina Department of Administration **KEY REQUEST**
 Division of Facility Management-Security Systems
 984-236-0460

1. AGENCY INFORMATION:

BUILDING COORDINATOR:		REQUEST DATE	
DEPARTMENT – DIVISION:		BUILDING NAME	
MSC# and Zip Only:		TELEPHONE #	
REQUESTOR		BUILDING NAME	
COMPANY		ADDRESS	

2. DEPOSIT REIMBURSEMENT INFORMATION:

REIMBURSEE NAME		TITLE	
KEY DEPOSIT ADDRESS:		TELEPHONE #	
STREET		EMAIL:	
CITY & STATE			
ZIP CODE			

3. 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

- a) FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities
- b) The Building Coordinator shall process the electronic form by utilizing the AIM\ReADY Web Portal
- c) Only (1) individual shall be listed as the keyholder per form
- d) A \$100.00 deposit is required for EACH Key
- e) Only checks are approved means of payment (Cash or Credit Cards are not accepted means of payment)
- f) Payments are to be made for each person keys are assigned to (1 check per keyholder i.e. user)
- g) All checks will be deposited within 7 days of receipt in following with Fiscal management guidelines
- h) The Key holder must pickup and sign for the key from the Security Systems Office
- i) In the event of the termination of the person to use key, the key shall be returned to Security Systems
- j) A Key Transfer may be obtained once a new ReADY submission has been processed for the key
- k) 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
- l) Forfeiture of the deposit will occur when the contractor loses or does not return the key(s) to Security Systems within (1) year or renews the key contract in the ReADY App within 1 year of receipt of contractor key

KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY

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

KEY PICK UP DATE:

SIGNATURE RECEIVED:

KEY RETURN DATE:

SIGNATURE RETURNED:

*****THIS SECTION IS FOR SECURITY SYSTEMS USE ONLY*****

WORK ORDER NUMBER		KEYSTONE ENTRY DATE	
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