

How to fill out your BCF (Building Coordinator Form)

Here are some *examples* of a completely filled out BCF:

This is for a Primary Building Coordinator only

BUILDING COORDINATOR REQUEST FORM
North Carolina Department of Administration
Division of Facility Management-Security Systems
919-733-1800

(Call if there are any questions pertaining to this document)

1. AGENCY INFORMATION

Rev. 2 - 03/04/2019

PRIMARY COORDINATOR:	Joe Building Coordinator	REQUEST DATE:	3/4/2019
DEPARTMENT - DIVISION:	Facilities	BUILDING NAME:	Facility Mgmt
MSC#, CITY, STATE, ZIP:	MSC 3113	TELEPHONE #:	919-733-1800

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

COORDINATOR 1 REQUEST: <i>Check 1 box only</i>	EXPLANATION
<input type="checkbox"/> Primary Badges Only <input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only <input checked="" type="checkbox"/> Primary Keys, Cores and Badges <input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Joe	MIDDLE INITIAL: Click
PHONE: 919-733-1800 x200	EMAIL: joe.buildingcoordinator@doa.nc.gov

COORDINATOR 2 REQUEST: <i>Check 1 box only</i>	EXPLANATION
<input type="checkbox"/> Primary Badges Only <input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only <input type="checkbox"/> Primary Keys, Cores and Badges <input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: Click
PHONE: Click or tap here to enter number.	EMAIL: Click or tap here to enter email.

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

COORDINATOR REMOVAL REQUEST: <i>Check 1 box only</i>	EXPLANATION
<input type="checkbox"/> Primary Badges Only <input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only <input type="checkbox"/> Primary Keys, Cores and Badges <input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: click
FIRST: Enter first name	MIDDLE INITIAL: click
FIRST: Enter first name	MIDDLE INITIAL: click

4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO:

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: *Joe Building Coordinator* DATE: 3/4/2019

How to fill out your BCF (Building Coordinator Form)

This is for a **Backup Building Coordinator(s)** only

BUILDING COORDINATOR REQUEST FORM
 North Carolina Department of Administration
 Division of Facility Management-Security Systems
 919-733-1800

(Call if there are any questions pertaining to this document)

1. AGENCY INFORMATION:

Rev. 2 - 03/04/2019

PRIMARY COORDINATOR:	Joe Building Coordinator	REQUEST DATE:	3/4/2019
DEPARTMENT – DIVISION:	Facilities	BUILDING NAME:	Facility Mgmt
MSC#, CITY, STATE, ZIP:	MSC 3113	TELEPHONE #:	919-733-1800

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

COORDINATOR 1 REQUEST: <i>Check 1 box only</i>	EXPLANATION
<input type="checkbox"/> Primary Badges Only <input type="checkbox"/> Backup Badges Only	New Position <input type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only <input checked="" type="checkbox"/> Primary Keys, Cores and Badges <input checked="" type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Jane	MIDDLE INITIAL: D. LAST NAME: Doe
PHONE: 919-733-1800 x201	EMAIL jane.doe@doa.nc.gov

COORDINATOR 2 REQUEST: <i>Check 1 box only</i>	EXPLANATION
<input type="checkbox"/> Primary Badges Only <input checked="" type="checkbox"/> Backup Badges Only	Agency Change <input type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only <input type="checkbox"/> Primary Keys, Cores and Badges <input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Billy	MIDDLE INITIAL: B. LAST NAME: Barty
PHONE: 919-733-1800 x203	EMAIL billy.barty@doa.nc.gov

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

COORDINATOR REMOVAL REQUEST: <i>Check 1 box only</i>	EXPLANATION
<input type="checkbox"/> Primary Badges Only <input type="checkbox"/> Backup Badges Only	Click or tap here to enter text <input type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only <input type="checkbox"/> Primary Keys, Cores and Badges <input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: Click LAST NAME: Click to enter last name
FIRST: Enter first name	MIDDLE INITIAL: Click LAST NAME: Click to enter last name
FIRST: Enter first name	MIDDLE INITIAL: Click LAST NAME: Click to enter last name



4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO:

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: *Joe Building Coordinator* DATE: 3/4/2019

How to fill out your BCF (Building Coordinator Form)

This is for **Deleting Building Coordinator(s)** only

BUILDING COORDINATOR REQUEST FORM
 North Carolina Department of Administration
 Division of Facility Management-Security Systems
 919-733-1800

(Call if there are any questions pertaining to this document)

1. AGENCY INFORMATION:

Rev. 2 - 03/04/2019

PRIMARY COORDINATOR:	Joe Building Coordinator	REQUEST DATE:	3/4/2019
DEPARTMENT – DIVISION:	Facilities	BUILDING NAME:	Facility Mgmt
MSC#, CITY, STATE, ZIP:	MSC 3113	TELEPHONE #:	919-733-1800

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

COORDINATOR 1 REQUEST: <i>Check 1 box only</i>	EXPLANATION	Drop-Down Menu ↓
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name
PHONE: Click or tap here to enter number.		EMAIL: Click or tap here to enter email.

COORDINATOR 2 REQUEST: <i>Check 1 box only</i>	EXPLANATION	Drop-Down Menu ↓
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name
PHONE: Click or tap here to enter number.		EMAIL: Click or tap here to enter email.

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

COORDINATOR REMOVAL REQUEST: <i>Check 1 box only</i>	EXPLANATION	Drop-Down Menu ↓
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input checked="" type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Tanya	MIDDLE INITIAL: B.	LAST NAME: Biddlerdorf
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name



4. ONLY APPROVED BUILDING COORDINATOR S ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO: security.systems@dca.nc.gov
5. SECURITY SYSTEMS WILL CONTACT EACH PERSON VIA E-MAIL TO CONFIRM THEY ARE ACTIVE COORDINATOR S
6. GO TO <https://ncadmin.nc.gov/about-dca/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: *Joe Building Coordinator* DATE: 3/4/2019

How to fill out your BCF (Building Coordinator Form)

Let's break this down into sections:

The Top Section 1 – Agency Information

When we begin to populate our BCF we want to create a template first. This is where you put in your **(Primary Building Coordinator)** information. See Below:

BUILDING COORDINATOR REQUEST FORM
North Carolina Department of Administration
Division of Facility Management-Security Systems
919-733-1800
(Call if there are any questions pertaining to this document)

1. AGENCY INFORMATION: Rev. 2 - 03/04/2019

PRIMARY COORDINATOR:	Joe Building Coordinator	REQUEST DATE	3/4/2019
DEPARTMENT – DIVISION:	Facilities	BUILDING NAME	Facility Mgmt
MSC#, CITY, STATE, ZIP:	MSC 3113	TELEPHONE #	919-733-1800

Leave the Request Date drop-down blank until you wish to fill out a form and submit

Populate the fillable line items shown here and here.

BUILDING COORDINATOR REQUEST FORM
North Carolina Department of Administration
Division of Facility Management-Security Systems
919-733-1800
(Call if there are any questions pertaining to this document)

1. AGENCY INFORMATION: Rev. 2 - 03/04/2019

PRIMARY COORDINATOR:	Joe Building Coordinator	REQUEST DATE	3/4/2019
DEPARTMENT – DIVISION:	Facilities	BUILDING NAME	Facility Mgmt
MSC#, CITY, STATE, ZIP:	MSC 3113	TELEPHONE #	919-733-1800

Now use the drop-down menu to add your building.

Save as a template

Let's move on to the next step.

How to fill out your BCF (Building Coordinator Form)

Section 2 – Adding a new Building Coordinator

Shown below is an example of how to **add a coordinator** to the form.

Here you need only check (1) box that applies. One of these boxes will meet all your needs, do not select more than (1) or the form will be sent back.

In a word, explain why this person was selected to become your backup coordinator. Select a choice from the drop-down menu in this block.

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

COORDINATOR 1 REQUEST: <i>Check 1 box only</i>	EXPLANATION	Drop-Down Menu ↓
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input checked="" type="checkbox"/> Primary Keys, Cores and Badges
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Joe	MIDDLE INITIAL: Click	LAST NAME: Building Coordinator
PHONE: 919-733-1800 x200		EMAIL joe.buildingcoordinator@doa.nc.gov

COORDINATOR 2 REQUEST: <i>Check 1 box only</i>	EXPLANATION	Drop-Down Menu ↓
<input type="checkbox"/> Primary Badges Only	<input type="checkbox"/> Primary Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges
<input type="checkbox"/> Backup Badges Only	<input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name
PHONE: Click or tap here to enter number.		EMAIL Click or tap here to enter email.

Populate the Coordinator fillable blocks completely. The form allows for adding 2 back-ups for your agency.

Let's move on to another process that will be needed in order to maintain a current listing of Coordinators

How to fill out your BCF (Building Coordinator Form)

Section 3 – Removing an existing Building Coordinator

Below is the section to remove an existing Coordinator.

Check only (1) box that applies

Select drop-down choice for explanation

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

COORDINATOR REMOVAL REQUEST: <i>Check 1 box only</i>	EXPLANATION	Drop-Down Menu ↓
<input type="checkbox"/> Primary Badges Only <input type="checkbox"/> Backup Badges Only	<input checked="" type="checkbox"/> Primary Keys & Cores Only <input type="checkbox"/> Backup Keys & Cores Only	<input type="checkbox"/> Primary Keys, Cores and Badges <input type="checkbox"/> Backup Keys, Cores and Badges
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name
FIRST: Enter first name	MIDDLE INITIAL: Click	LAST NAME: Click to enter last name

Populate the name block(s) accordingly

Below is the last requirement for this form to be complete. Electronically Sign the document.

4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO: 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: *See Building Coordinator* DATE: 3/4/2019 ↓

Electronically sign the document here.

Add Date here with the drop-down menu