

Primary Building Coordinator must fill in the top portion of the form for our records This information is required so we can cross-reference the validity of the individual

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

UILDING COORDINATOR: DEPARTMENT - DIVISION:	REQUEST DATE BUILDING NAME		
MSC# and Zip Only:	TELEPHONE #		
REQUESTOR	BUILDING NAME		
COSADANIN	ADDRESS		
COMPANY			
PEPOSIT REIMBURSMENT INFORMATION:			
EPOSIT REIMBURSMENT INFORMATION			
EPOSIT REIMBURSMENT INFORMATION:	TITLE	EMAIL:	
PEPOSIT REIMBURSMENT INFORMATION: REIMBURSEE NAME KEY DEPOSIT ADDRESS:	TITLE	EMAIL:	

- 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

KEY PICK UP DATE:

- 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
- A Key Transfer may be obtained once a new ReaDY submission has been processed for the key
- 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
- I) 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 SIGNATURE RECEIVED:

KEY RETURN DATE: SIGNATURE RETURNED:

THIS SECTION IS FOR SECURITY SYSTEMS USE ONLY

WORK ORDER NUMBER KEYSTONE ENTRY DATE

	How to: I	Fill out the Cor	ntractor K	ey Request Form
	General rules and	guidelines for Contractors	and Sub-Contra	actors
1	CONTRACTO AGENCY INFORMATION:	CONTRACTOR KE North Carolina Departe Division of Facility Mana	Y REQUEST FORM	T _i
1.	BUILDING COORDINATOR:		REQUEST DATE	
	DEPARTMENT - DIVISION:		BUILDING NAME	
	MSC# and Zlo Only:		TELEPHONE #	
	REQUESTOR		BUILDING NAME	
	COMPANY		ADDRESS	
2.	DEPOSIT REIMBURSMENT II	NFORMATION:	TITLE	
	KEY DEPOSIT ADDRESS:		TELEPHONE #	
	STREET			EMAIL:
	CITY & STATE			
	ZIP CODE			
3.		ESS TO STATE PREMISES FOR AL AND ACCEPT THESE GUIDELINE		
	b) The Building Coordinat c) Only (1) individual sha d) A \$100.00 deposit is re e) Only checks are approx f) Payments are to be ma g) All checks will be depo h) The Key holder must p i) In the event of the terr j) A Key Transfer may be k) When keys are returned then the DOA Fiscal Ma l) Forfeiture of the deposit	ved means of payment (Cash or C ade for each person keys are assign sited within 7 days of receipt in fortickup and sign for the key from the mination of the person to use key tobtained once a new ReaDY sub- ed to Security Systems the reimbur anagement Division will return de	rm by utilizing the Alorm Credit Cards are not a gned to (1 check per following with Fiscal the Security Systems (7, the key shall be ret mission has been progressement forms will be posits to the addresser loses or does not re	accepted means of payment) keyholder i.e. user) management guidelines Office turned to Security Systems ocessed for the key be processed within 7 days, as listed in the reimbursement section 2 eturn the key(s) to Security Systems

ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY
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			1.
I hereby understand ar	nd agree to abide by these tern	ns and conditions	
	SIGNATURE RECEIVED:		
	SIGNATURE RETURNED:		
		I hereby understand and agree to abide by these term	ROOM NUMBER KEY HOLDER NAME NC STATE ID # I hereby understand and agree to abide by these terms and conditions SIGNATURE RECEIVED:

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•)

Fill all applicable form blocks for key request.

The ReaDY application will not be processed unless these blocks are filled out correctly.

CONTRACTOR KEY REQUEST FORM North Carolina Department of Administration

CONTRACTOR Division of Facility Management-Security Systems KEY REQUEST 984-236-0460

1	AGEN	icv	INIEO	RMA	TION:
1.	AGEI	CT	INFO	DIVIA	HON:

BUILDING COORDINATOR:	REQUEST DATE	
DEPARTMENT - DIVISION:	BUILDING NAME	
MSC# and lip Only:	TELEPHONE #	
	a di	
REQUESTOR	BUILDING NAME	
COMPANY	ADDRESS	

2. DEPOSIT REIMBURSMENT INFORMATION:

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

3. KEYS FOR TEMPORAR ACCESS TO STATE PREMISES FOR AUTHORIZED CONTRACTORS WILL SUBJECT SAID CONTRACTORS TO FOL OW 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 pick up and sign for the key from the Security Systems Office
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- 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
- 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

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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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CONTRACT	CON	TRACTOR KEY REQUEST FORM arolina Department of Administra Facility Management-Security Sy 984-236-0460	1	REQUEST
1. AGENCY INFORMATION:				
BUILDING COORDINATOR:		REQUEST DATE		
DEPARTMENT - DIVISION:	ta T	BUILDING NAME		
MSC# and Zip Only:		TELEPHONE #		
REQUESTOR		BUILDING NAME	Ī	1
COMPANY				-
COMPANY	3	ADDRESS		
2. DEPOSIT REIMBURSMEN	T INFORMATION:			
REIMBURSEE NAME		TITLE		
KEY DEPOSIT ADDRESS:	6	TELEPHONE #		
STREET			EMAIL:	
CITY & STATE	8	7		
ZIP COLE	7			
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		EMISES FOR AUTHORIZED CONTRA ESE GUIDELINES BEFORE KEYS CAN		
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KEY CODE R	OOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY
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KEY PICK UP DATE:	nereby understand a	and agree to abide by these terms SIGNATURE RECEIVED:	and conditions	ĺ
KEY RETURN DATE:		SIGNATURE RETURNED:	Divini	
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	THIS SECTI	ON IS FOR SECURITY SYSTEMS US		
WORK ORDER NUMBER		KEYSTONE ENTRY D	ATE	

It is the Building Coordinators responsibility to input the Contractor reimbursement information.

The DOA Fiscal Dept. will then *forward the deposit* to the address provided by the Building Coordinator once key(s) have been returned to Security Systems.

CONTRACTOR KEY REQUEST FORM North Carolina Department of Administration CONTRACTOR Division of Facility Management-Security Systems KEY REQUEST 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 REIMBURSMENT INFORMATION: REIMBURSEE NAME KEY DEPOSIT ADDRESS: STREET EMAIL: CITY & STATE 3. KEYS FOR TEMPORARY ACCESS TO STATE OR WEST OR AUTHORIZED CONTRACTORS WILL SUBJECT SAID CONTRACTORS TO FOLLOW AND ACCEPT THIS'S 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

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KEY RETURN DATE:		SIGNATURE RETURNED:	(i) =	
	THIS SECTIO	N IS FOR SECURITY SYSTEMS U	JSE ONLY	

Revision IV - 03/03/2021

KEYSTONE ENTRY DATE

Addendum:

- Accepted forms of deposit are:
 - Personal Check
 - Company Check
 - Cashier's Check
- The form and photo copied information, i.e. Personal Checks, Company Checks, Cashier's Checks, Driver's license, or State ID's, etc. will be kept on file until the keys are returned for deposit.
- Once keys have been returned Security Systems will send the reimbursement form to the DOA Fiscal department for processing.
 - The reimbursement check will be sent to the address supplied by the Building Coordinator.

 (Form Section 2.) Fig. 5
- After the reimbursement process is complete Security Systems will retain all records for (7) years per State requirements.

Any questions or inquiries can be forwarded to:

Security Systems Office
 120 West Lane Street
 Raleigh, NC 27603
 984-236-0460

Security.systems@doa.nc.gov