

**SALT LAKE CITY DEPARTMENT OF AIRPORTS
KEY AND LOCK ORDER FORM**



**SECTION 1
COMPANY REQUESTING KEY(S)** Type or print legibly in blue or black ink or application will be rejected.

Company Name	Sponsor Company
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**SECTION 2
KEYS REQUESTED OR WORK TO BE DONE (Check all that apply)**

<input type="checkbox"/> Additional Key(s) <input type="checkbox"/> Change Locks <input type="checkbox"/> Cipher Code (<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove) <input type="checkbox"/> Damaged Key <input type="checkbox"/> Key Reassignment <input type="checkbox"/> Lost Key(s) <input type="checkbox"/> New Hire <input type="checkbox"/> Stolen Key(s) (Police Report Required) <input type="checkbox"/> Key Audit <input type="checkbox"/> Padlocks (<input type="checkbox"/> CR - 5070 <input type="checkbox"/> CR - 5070-258 <input type="checkbox"/> MPS - 6125 <input type="checkbox"/> MPS - 6125LJ)	Quantity
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Location/Door Numbers (If Available)

Describe work or reasoning for request

**SECTION 3
AUTHORIZING AGENT CERTIFICATION**

The above work may be accomplished at additional cost to your organization (**subject to your authorization**). I agree to control the key(s) issued to me by the Department of Airports. I understand that the key(s) issued to me must be returned to Airport Badging if for any reason they are no longer needed (**Keys may not be transferred to another individual without first being returned**). I also understand that if the key(s) leading to secure areas are lost or stolen, the Transportation Security Administration regulations require that any lock(s) actuated by the key(s) must be changed immediately. In this event, _____ (**company name**) agrees to take responsibility for the costs of labor and parts associated with the replacement of the lock(s). I agree to notify the Airport's Badging Office in the event a key is lost or stolen. Unaccounted keys will be billed to the company at a cost of \$10.00 per key. Keys that are not picked up within 30 business days will be returned to the key shop, and a new request will need to be submitted. (**Please allow 5 business days for delivery of keys**)

AUTHORIZING AGENT NAME (Print):		
AUTHORIZING AGENT SIGNATURE:	DO NOT SIGN UNTIL APPLICATION IS COMPLETED	
Phone Number: ()	Date: Valid for 30 days after signed and dated	Signatures Checked By

**SECTION 4
APPROVAL SIGNATURES**

Airport Security Coordinator or Designee			
Last Name	First Name	Signature	Date

Airport Properties/Contracts or Construction/Project Engineer			
Last Name	First Name	Signature	Date

