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KEY MANUFACTURING REQUEST

FROM: (Shop or Activity)	**TO:** **Department** **Key Custodian**	**DATE:**
Number of Sample Keys	**Number of keys to be made**	**Job Order Number**
Name of Requester	**Title (Head of shop or activity)**	

1. These keys (do) (do not) apply to an area under the deparment key control.
2. This request is submitted:
   - ☑ To provide additional keys for a new lock cylinder/core/padlock.
   - ☐ To replace loxt/missing key (s) for current lock.
   - ☐ To provide additonal key (s) for current lock.
3. The lock/padlock that this key operates is located in/at:

   Building No. _____ Room No./Name _____
4. The area/room is used for (office, storage, etc):

5. Identify contents of the area/room that cause it to fall under the key control program:

REQUIRED APPROVAL (To be filled out by persons authorizing work)

Key Custodian (Print):	Signature:	Date:
Dept Head/Bldg Manager (Print):	Signature:	Date:
Key Control Officer (Print):	Signature:	Date:

Send the request via e-mail to ncbc.security@navy.mil or
you can hand carry request to Bldg 436, the Security office for signature.