MASTER ELEVATOR KEY ORDER FORM
Louisiana Office of State Fire Marshal

PART I [Please print or type]

APPLICANT NAME: ____________________________________________

ADDRESS: ____________________________________________________

CITY __________________________________ STATE _____ ZIP __________

PHONE _______-_______-___________ FAX _______-_______-___________

EMAIL __________________________

MAILING ADDRESS (If different from above)

ADDRESS: ____________________________________________________

CITY __________________________________ STATE _____ ZIP __________


PART II

I am eligible under Louisiana Rules to possess a Master Elevator Key based on the following qualification(s) [please check the appropriate box(es)]:

(A) □ Local fire department personnel: certified as a firefighter and active employment or affiliation with a fire department. Please provide department information below. Form must be signed by the department Fire Chief.

(B) □ Elevator owner: ownership in a building required to comply with this rule chapter

(C) □ Elevator owner’s agent: employment with an owner required to comply with this rule chapter

(D) □ Elevator contractor: active license with the Louisiana Division of Elevators. Please provide company information and Contractor License Number below.

(E) □ State-certified inspector: actively licensed as an elevator inspector by the Louisiana Division of Elevators

(F) □ State agency representative: employed by a state agency in a capacity requiring access to elevator for maintenance purposes. Agency name a State Department Head signature must be provided below.

NOTE: If box (B) or (C) are checked, please provide a building address below.

Building Address: ________________________________________________

____________________________________________________________

PART III (Please provide the appropriate information, signatures, and approvals in the space provided below)

I hereby submit this application for the purpose of obtaining Master Elevator Keys in accordance with the Louisiana State Fire Marshal’s Rule.

I further agree and certify that:

1. I will not duplicate the elevator key issued pursuant to this application;

2. Should I become ineligible to possess a Master Elevator Key in accordance with this application, I will surrender all keys in my possession to the authorized vendor that issued such key(s) or local fire department.

Applicant Signature: ___________________________________________ Date: _______/_____/___________

Company / Organization Name ______________________________________
or Fire Department

Fire Chief or State Department Head signature ______________________ Date: _______/_____/___________

Contractor License Number ______________________________________

Key Order Quantity: ____________________________________________

Note: Please submit a Master Elevator Key Order Form with each key order
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Toll-Free Phone</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locking Systems International</td>
<td>6025 Cinderlane Road</td>
<td>Orlando, FL</td>
<td>32810</td>
<td>800-657-5625</td>
<td>407-298-9895</td>
<td>800-895-0706</td>
</tr>
<tr>
<td>Northeast Lock Corp.</td>
<td>48 Oak Street</td>
<td>Clifton, NJ</td>
<td>07014</td>
<td>800-524-2575</td>
<td>973-777-7509</td>
<td>800-524-2576</td>
</tr>
<tr>
<td>RaLock Company</td>
<td>3750 N. Hwy 67</td>
<td>Midlothian, TX</td>
<td>76065</td>
<td>800-777-6310</td>
<td>972-775-6301</td>
<td>972-775-6316</td>
</tr>
<tr>
<td>Rolland Safe &amp; Lock</td>
<td>1926 Airline Drive</td>
<td>Metarie, LA</td>
<td>70001</td>
<td>800-873-8898</td>
<td>504-835-7233</td>
<td>504-837-5868</td>
</tr>
<tr>
<td>SEES Inc.</td>
<td>2781 McNabb Road</td>
<td>Pompano Beach, FL</td>
<td>33069</td>
<td>800-526-0026</td>
<td>954-971-1115</td>
<td>954-917-7337</td>
</tr>
</tbody>
</table>