

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 _____ Date: ____/____/____
Department Head signature

Contractor License Number _____

Key Order Quantity: _____

Note: Please submit a Master Elevator Key Order Form with each key order

Authorized Distributors for Louisiana Master Elevator Keys

Rev. Jan. 1, 2010

Name	Address	City, State	Zip Code	Toll-Free Phone	Phone	Fax
Locking Systems International	6025 Cinderlane Road	Orlando, FL	32810	800-657-5625	407-298-9895	800-895-0706
Northeast Lock Corp.	48 Oak Street	Clifton, NJ	07014	800-524-2575	973-777-7509	800-524-2576
RaLock Company	3750 N. Hwy 67	Midlothian, TX	76065	800-777-6310	972-775-6301	972-775-6316
Rolland Safe & Lock	1926 Airline Drive	Metairie, LA	70001	800-873-8898	504-835-7233	504-837-5868
SEES Inc.	2781 McNabb Road	Pompano Beach, FL	33069	800-526-0026	954-971-1115	954-917-7337