



MASTER ELEVATOR KEY ORDER FORM

Louisiana Office of State Fire Marshal

PART I: Applicant Information [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: Eligibility

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 and a State Department Head signature must be provided below.

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

Building Address: _____

PART III: Certification [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's Signature: _____ Date: _____

Company, Agency, Organization
or Fire Department Name: _____

Owner, Fire Chief, or
State Department Head Signature: _____ Date: _____

Contractor License Number: _____

Key Order Quantity: _____

NOTE: Please submit a Master Elevator Key Order Form for each key order to one of the Authorized Distributors on the next page. This form does not require submittal to or authorization by the State Fire Marshal's office.

PART IV: Authorized Distributors

Please submit a Master Elevator Key Order Form for each key order to one of the Authorized Distributors below.

NOTE: This form does not require submittal to or authorization by the State Fire Marshal's office.

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