

ACCESS CONTROL REQUEST		
FROM: (Shop or Activity)	TO: (Department Key Custodian)	DATE:
Number of Sample Keys	Number of Key/Cards to be Made	Job Order Number
Name of Requester	Title (Head of shop or activity)	
<p>1. These keys apply to an area under the department key control. Yes No</p> <p>2. This request is submitted: To provide additional keys for a new lock cylinder/core/padlock. To replace lost/missing key(s) for an existing lock. To provide additional key(s) for an existing lock To add/modify programming for an electronic keycard.</p> <p>3. The lock/padlock that this key/keycard operates is located in/at: Building Number: _____ Room Number/Name: _____</p> <p>4. The area/room is used for (provide a brief description)</p>		
<p>5. Identify the contents of the area/room that cause it to fall under the key control program</p>		
REQUIRED APPROVAL (To be completed by persons authorizing work)		
Key Custodian:	Signature:	Date:
Dept Head/Bldg Manager (Print):	Signature:	Date:
Key Control Officer (Print:	Signature:	Date:

Methods of submitting:

- Send the request via email to ncbc.security@navy.mil
- Fax to (228) 871-2164 [follow up with a phone call to (228) 871-3599]
- Hand-carry to Building 436 to Attn: Physical Security Officer