MASTER KEY SYSTEM PLANNING FORM

Sold To: _____

Ship To: _____

❑ Sheet 1 of _____
❑ Date _____

Purchase Order No. _____

Job Name and Address:

System Info:
❑ NEW ❑ Existing System
PDQ SO # _____
Your original PO# _____
Original date of order _____

Key Quantity:

		Qty
❑ GGGM		
❑ GGM		
❑ GGM		
❑ GM		

MK/Group

Change Keys:

	Qty
❑ Per Cylinder	
❑ Per Keyed alike Group	
❑ Per Keyed different cyl.	

Special Function

			Qty
Control		Main	
CMK		HKP	
CMK Ctrl		MECH	
EMK		ENG	
SKD Ctrl		JAN	
SKD CMK		OTHR	
Blockout		OTHR	

System Level:
❑ 1-SKD ❑ 2-MK ❑ 3-GM ❑ 4-GGM
❑ 4-GGGM ❑ 4-GGGGM

Type:
❑ High Security ❑ IC ❑ Standard ❑ Other

Cross Keying:

Key Symbol	Operated by (OB)

Keys:
❑ Standard SCC
❑ Restricted*
❑ Specific Keyway: _____
*Restricted Keyway requires system approval

❑ 5 Pin ❑ 6 Pin ❑7 Pin

Key Control:
❑ Visual Key Control Keys Only
❑ Visual Key Control Keys and Cylinders
❑ Visual Key Control Cylinders Only
❑ Concealed Key Control Keys and Cylinders
❑ Concealed l Key Control Cylinders Only
❑ DND
❑ US Property DO NOT DUPLICATE

❑ Special Marking: _____

Additional Information:
(Including system expansion and Special Remarks)

Name of individual in organization who is knowledgeable about this project should clarification be required.
Name: _____
Phone: _____

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This sheet to be used with Keying Schedule Form

LT1007-11-2016

MASTER KEY CONTROL FORM

Sold To:	Ship To:	❑ Sheet 1 of _____
_____	_____	Date _____
_____	_____	Customer PO # _____
_____	_____	Customer # _____
_____	_____	Sales Order # _____

SHIPPING INSTRUCTIONS:

It is the policy of PDQ to maintain strict control over Control Keys and Master Keys. As a standard practice, all Change Keys and Master Keys will be shipped directly to the customer. Authorization to ship Control Keys and Master Keys to a 3rd party location must be authorized by the customer. The customer must complete the form below, sign and date, and return the form to PDQ via email to your PDQ Customer Service Representative or FAX to 717-656-6892.

PROJECT INFORMATION:

Name

Attention

Street (No P.O. Box)

City State Zip

3RD PARTY CHANGE KEY ONLY SHIPPING ADDRESS:

Location Name

Attention

Street (No P.O. Box)

City State Zip

3RD PARTY MASTER KEY ONLY SHIPPING ADDRESS:

Location Name

Attention

Street (No P.O. Box)

City State Zip

3RD PARTY ALL KEYS ONLY SHIPPING ADDRESS:

Location Name

Attention

Street (No P.O. Box)

City State Zip

SIGNATURE BLOCK:

I hereby authorize PDQ to ship Control Keys or Master Keys for the project listed above to the person address listed above, and I am authorized to make this request.

Name (Printed) **Authorized Signature** **Date**

This sheet to be used with Keying Schedule Form

KEYING SCHEDULE

Customer Name:		Purchase Order No.		Page of
Quantity:	Series/Function/Trim:	Finish:	Options:	
Special Stamping:				

Item	Quantity	Key Symbol	Hand (Specify Qty)				Door Number (Up to 10 Characters)	Heading (Up to 10 Characters)
			RH	LH	RHR	LHR		

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To be used with PDQ Master Keying Layout form

LT1007-11-2016