

**Trades: Fill out the section below indicating location and duration of work.**

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Requesting Office/Dept: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Duration of Work: \_\_\_\_\_

**List each building/area the vendor will need access to: (see back for card access locations)**

Building Name	Room #	Key Code	Notes (days/times for card access)

**FM Authorization:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Card Access: Set up temp card if needed**

Card Number: \_\_\_\_\_ Access Code: \_\_\_\_\_ Prox Code: \_\_\_\_\_ Elev Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Vendor: Return keys at the end of each day. Print information and sign below:**

Vendor Name: \_\_\_\_\_

Vendor Company: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_

It is my responsibility to return this card/key to NDSU at the end of the check out period (maximum of two (2) weeks.) I/my company is financially responsible in the case of lost, stolen, or misused keys.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dispatchers: Initial keys and cards in and out:**

Key Set(s)	Temp Card #	Date Out	Initials	Date Returned	Initials

Route this completed form to:  
Facilities Management-  
Thorson Maintenance Center  
[ndsu.facilitiesmanagement@ndsu](mailto:ndsu.facilitiesmanagement@ndsu)  
Phone (701) 231-7911