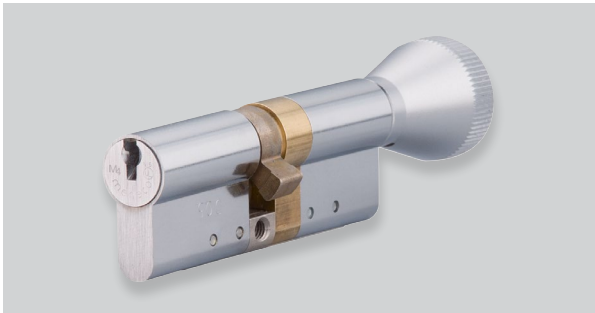


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ASSA ABLOY

# Master Key Ordering Guide and Documents

Experience a safer and more open world





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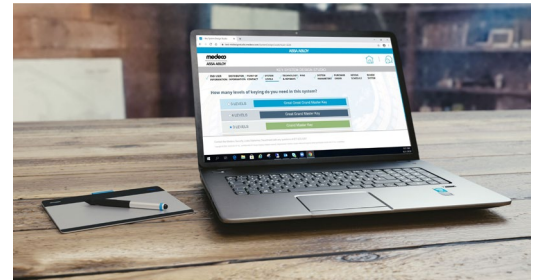
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# Master Key Order Requirements

This document contains the requirements for submitting a master key order and the forms needed to process the request. Required forms must be submitted via email to [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or via fax to 800-421-6615. For greater convenience, new system requests can also be made online using the [Key System Design Studio](#). For complete information on master key system design, see the [ASSA ABLOY Master Key System Design Guide](#).

## KEY SYSTEM DESIGN STUDIO

Key System Design Studio is an intuitive online interface that walks the user through each step of the master key system design and ordering process. For access, go to [ASSA ABLOY Connect](#) and click on Key System Design Studio. A login is required. If you do not have one, contact Customer Service at 1-877-633-3261. For an online demonstration, contact the Master Key Department at [masterkey.medeco@assaabloy.com](mailto:masterkey.medeco@assaabloy.com).



### Important Links and Documents:

- [Key System Design Studio](#) (Medeco's intuitive, online system design tool. Try it!)
- [Record of Authorization Portal](#) (Medeco's digitized Letter of Authorization process)
- [Master Key System Request Form](#) (required for all new system requests)
- [Premise Survey Form/Hardware Schedule](#) (required for any master key system)

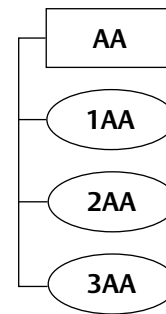
# System Design Layout

## 2-Level System

Here are a few rules to consider when designing a 2-level system:

**Rule #1:** Master keys get 2 letters and usually start at the beginning of the alphabet. The master key shown is AA.

**Rule #2:** Change keys have numbers added to the letters of the master key they're under. In 2-level systems, the numbers come first.



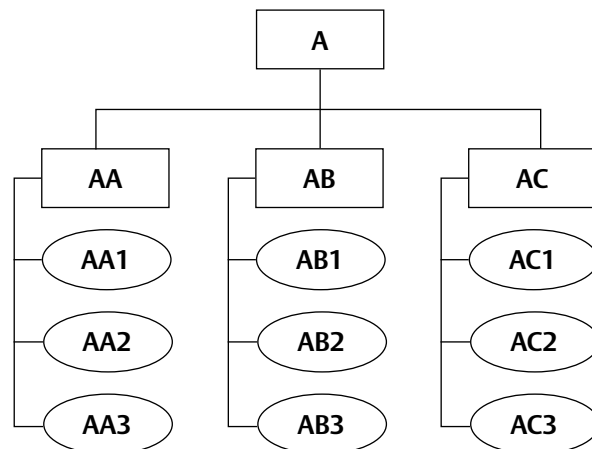
## 3-Level System

In systems with more than 2 levels, the change key numbers come last. Here we have a 3-level system, a grand master key system. The change key numbers come last and the master keys have 2 letters. The new item here is the grand master key.

**Rule #3:** GM Ks have only one letter.

**Rule #4:** Masters under the grand must start with the letter of that grand. All masters under grand A must begin with the letter A. Avoid the use of the letters I, O, Q, and X, as they are too easily confused with the numbers 1 and 0. When more than 22 masters are needed under a grand master, insert the rotation number between the letters of the master key symbol.

Example: AA through AZ for the first 22 masters, A2A through A2Z for the 23rd through the 44th master, etc.



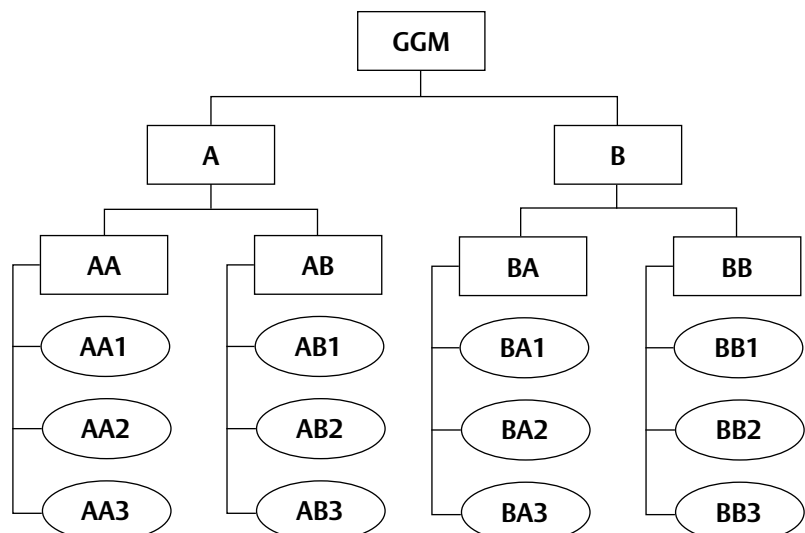
## 4-Level System

In a 4-level system (great grand master key system) the first 4 rules still apply:

- It's a system of more than 2 levels, so the change key numbers come last
- Masters have 2 letters
- The first letter matches the grand
- Grands have a single letter

The new information here is the great grand.

**Rule #5:** The symbol for a great grand master key is GGM.



# Master Key Order Checklist

Missing information causes delays in processing your orders. Use the Master Key Checklist below to submit complete information!

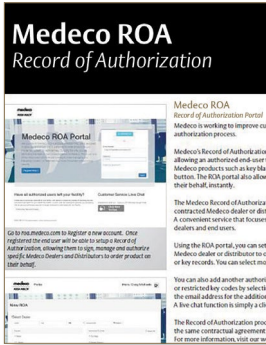
**\*Note:** Additional detail, explanations and links to Forms required are found in the subsequent pages in this guide.

To fill out the actual form, go to Page 10 or [click here](#).

---

- 1. Contracts/ Key Control Agreements**
  - New Contract – If new, ensure all needed paperwork is completed.
  - Existing Contract
  - No Contract needed
  
- 2. Record of authorization (ROA) / Letter of Authorization (LOA)**
  - ROA or LOA Completed
  - No ROA or LOA needed (commercial, dealer, or distributor keyways)
  
- 3. Custom Coining**
  - If Custom Coining is needed, is it specified on the order?
  
- 4. Key Serialization**
  - If Key Serialization is needed, is it specified on the order?
  - Are the serialization numbers provided?
  
- 5. Cylinder Stamping: Visual Key Control (VKC) / Concealed Key Control (CKC)**
  - If VKC or CKC is needed, is it specified on the order?
  
- 6. Master Key System**
  - New System – Ensure *Master Key System Application Form* is filled out completely.
  - Existing system – Provide Registry number and End User Name.
  
- 7. Hardware Schedule** \*Medeco will default to the specified attributes on page 3, if the required information is not provided on the Hardware Schedule.
  - Quantity of cylinders\*
  - Complete part number
  - Finish
  - Cam and tailpiece\*
  - Quantity of keys\* (MK, CK & Control)
  - Keying
  - Special keying requirements
  
- 8. Your Contact Information**
  - Provide your name, email address and phone# so we can reach you if needed.
  
- 9. Final Check**
  - Thoroughly check all components of your order to help eliminate questions.
  
- 10. Order Acknowledgement**
  - Check your order acknowledgment thoroughly; do so within 48 hours.

# Master Key Order Checklist



## 1. Contracts/ Key Control Agreements

Opening orders requiring a new contracted keyway must have all contract paperwork completed.

## 2. RECORD OF AUTHORIZATION (ROA) - LETTER OF AUTHORIZATION (LOA)

An ROA or LOA is required for any end-user or factory restricted keyway, if the end-user has not already supplied or established one. The LOA or ROA can be sent with either an expiration date, tied to a specific order, or valid until further notice date. If a Record of Authorization has not been established, the end-user can register on the ROA portal at [roa.medeco.com](http://roa.medeco.com), and electronically fulfill the authorization requirements to purchase the product through one of our Medeco dealers.



## 3. CUSTOM COINING

If you desire custom coining on cut keys, please specify this request on the purchase order. If the order does not specify, the keys will not be custom coined. When a coining die is purchased for a new contract, the agreement does not ensure the cut keys will be custom coined, unless it is specified in the purchase order and an additional fee is applied.



## 4. KEY SERIALIZATION

If key serialization is desired, please specify on the purchase order. If the specific numbers to be used for serialization are not supplied, the key serialization will be completed using Medeco's existing records.

## 5. VISUAL KEY CONTROL (VKC) / CONCEALED KEY CONTROL (CKC)

If cylinder stamping is desired, specify VKC or CKC on the purchase order for cylinder stamping. VKC indicates the face of the cylinder will be stamped, and CKC indicates the side or back of the cylinder will be stamped. It is standard to stamp cylinders with the key set that operates the lock. If anything other than the key stamp is desired, please specify the changes on the order.



## 6. MASTER KEY SYSTEM

Please indicate whether the project is a new master key system or an existing system.

1. If it is a new system, a completed Master Key System Application Form is required. Click [HERE](#) for the Master Key System Application Form
2. If it is an existing system, please provide the registry number.

# Master Key Order Checklist

## 7. HARDWARE SCHEDULE / PREMISE SURVEY – *Download the Form Here.*

A hardware schedule is required. This form must be submitted electronically, in a format that can be opened in Microsoft Excel (.xls, .csv, .xlsx). The following information is required:

1. Quantity of cylinders\*
2. Complete part number
3. Finish
4. Cam or tailpiece\*
5. Quantity of keys\* (Ensure you specify # of Masters, Changes and Control keys)
6. Master and keyset (what keys are to operate this cylinder?)
7. Special keying requirements (cross keying, engineer keys)

\*\*\*Please see default measures for the items with "\*" listed below.  
 \*\*\*What we will default to on your orders, if not specified on the PO?

**To help expedite the processing of your order, Medeco uses defaults if specific instructions are not included. The defaults are as follows:**

1. Cylinder quantities on the hardware schedule:
  - One cylinder per line will be provided as default if no quantity is given.
  - Quantities on the hardware schedule will supersede the quantities on the purchase order if they do not match.
2. Cam and Tail piece:
  - The default cam provided will be Z01 and default Tail piece will be Y02 if not specified otherwise.
3. Cut Keys:
 

If cut key quantities are not supplied, the default of two keys per cylinder will be supplied for a cylinder pinned to change keys.  
 If cylinders are being pinned directly to master keys, no keys will be supplied to those masters unless stated separately.  
 On a new system, a default of one control key will be supplied for interchangeable cores unless specified otherwise.

DOOR #	CYLINDER		KEYS	
	QTY*	PART #*	CODE*	QTY*
A1001	1	10 0200 T 26 C3M Z00 (Example)	AA1	2

\*Required Fields

# Master Key Order Requirements - Premise Survey Form

## HARDWARE SCHEDULE / PREMISE SURVEY

A hardware schedule is required with each master keyed product order. Download the Medeco Premise Survey Form [here](#). This form must be submitted via email, in a format that can be opened in Microsoft Excel (.xls, .csv, .xlsx). The following information is required:

1. Quantity of cylinders \*
2. Complete part number
3. Finish
4. Cam or tailpiece \*
5. Quantity of keys \*
6. Master and keyset (what keys are to operate this cylinder?)
7. Special keying requirements (cross keying, engineer keys)

\*\*\*Please see default measures for the items with "\*" listed below.

\*\*\*What we will default to on your orders, if not specified on the PO?

If specific instructions are not included on the hardware schedule, defaults will be used as follows:

1. Cylinder quantities on the hardware schedule:
  - One cylinder per line will be provided as default if no quantity is given.
  - Quantities on the hardware schedule will supersede the quantities on the purchase order if they do not match.
2. Cam and Tail piece:
  - The default cam provided will be Z01 and default Tail piece will be Y02 if not specified otherwise.
3. Cut Keys:
  - If cut key quantities are not supplied, the default of two keys per cylinder will be supplied for a cylinder pinned to change keys.
  - If cylinders are being pinned directly to master keys, no keys will be supplied to those masters unless stated separately.
  - On a new system, a default of one control key will be supplied for interchangeable cores unless specified otherwise.

Medeco Premise Survey											
End User		Pomegranite Plumbing				Date		6/27/2018		Page 1 of 10	
Street		1234 Main St				Locksmith		Anytown Lock & Key			
City, State		Anytown, US				Phone		555-555-5555			
ZIP		12345-0123				Distributor		Brass Unlimited			
Registry #						P.O.#		PO654321			
Door # or Door Description	Brand	Model Number	Qty Cyls	Medeco Part #	Finish	KEYWAY	Tailpiece	Hand	Qty Keys	KEYING	Remarks/Comments
101	Medeco	B252PD	2	20T0200-26-XX-M	626	TBA			5	AB1	Entry door (99NL & KR90)
102	Medeco	D51PD	1	20T0200-26-XX-M	626	TBA			2	AB2	Reception Office
103	Medeco	D51PD	1	20T0200-26-XX-M	626	TBA			2	AB3	Manager Office
104	Medeco	D51PD	1	20T0200-26-XX-M	626	TBA			2	XAB4	OIB (OPERATED BY) AB3
105	Medeco	D51PD	1	20T0200-26-XX-M	626	TBA			2	AB5	Workshop
106	Medeco	D51PD	1	20T0200-26-XX-M	626	TBA			2	AB6	NOT MASTER KEYED
107	Medeco	D51PD	1	20T0200-26-XX-M	626	TBA			2	AB7	NO TMK
- Required field's are in Yellow (Tailpiece only needed when applicable). - If cross keying is needed please provide details of keying condition in the "Remarks/Comments" column.											

# Master Key System Request Form - Quick Reference Guide

## Section 1 – End User Information

Supply the name of the company or organization, complete address, phone number and name of the contact person where the system will be installed. This information is mandatory and must be completed in its entirety.

## Section 2 – Distributor or Locksmith Information

Enter complete distributor and/or locksmith information as applicable. If locksmith orders direct, leave distributor information blank.

## Section 3 – Carded Program Information

If the keyway program requires cards to obtain duplicate keys, enter the names of the authorized card holders (includes SKY, NUK, Patriot, Liberty, Gotham, Freedom, GLC, DND, NYC, & KM Silver programs). Enter the name and full address of the chosen cardholder who will receive all the authorization cards for the system. (Note: Patriot, Liberty, Freedom and Gotham dealers only with a signed Service Center Addendum may request to receive the cards rather than the end user.)

## Section 4 – High Security System Specifications

- Indicate appropriate high security key system technology (Original, Biaxial, Medeco3 Biaxial, M4, BiLevel, Medeco3 Original)
- Enter Keyway if known
- Enter Side Codes if known (M4 Only)
- Choose the number of pins for the system (4, 5 or 6 pin system)
- Indicate whether interchangeable core will be used, now or in the future
- Indicate whether any cross keying will be included. Explain requirements fully in Section 7.
- Enter system specifications including the maximum number of changes at each level to allow for future expansion. (For asymmetrical keying, note key system specifications to the side.)

## Section 5 – Key Control Options System Specifications

- Indicate appropriate non-high security key system technology (Keymark, Medeco X4, MedecoB)
- Enter Keyway if known
- Choose the number of pins for the system (6 or 7 pins)
- Indicate whether interchangeable core will be used, now or in the future
- Indicate if the system will be conventional cylinders only (no interchangeable core now or in the future)
- Enter system specifications including the maximum number of changes at each level to allow for future expansion.

## Section 6 – Cross Keying

Indicate any cross keying requirements. Cross keying minimizes cylinder security and it not generally recommended. All requests are subject to review and approval by the master key department. Add/attach additional notes as needed.

## Section 7 – Stamping Requirements

### Key Stamping

Indicate any special stamping requirements, such as serialization with starting-ending numbers. Default stamping of system number and keyset will apply unless specified otherwise. Special stamping is subject to additional charges.

### Cylinder Stamping

Indicate any special cylinder stamping requirements. Also choose whether stamping should be Visual (front of cylinder) or Concealed (back or side of cylinder). Cylinder stamping is subject to additional charges.

## Section 8 – Shipping Instructions for Bitting List

Choose which delivery method is needed for the system bitting list. Delivery is available by hard copy by UPS, or on flash drive (UPS), or electronically through email or the Medeco E-Bitting Portal.

## Section 9 – Contact Information for Individual Completing the Master Key Request Form

Please supply complete contact information in case we have any questions about your order.

# Medeco Master Key System Request Form

The master key system request form is designed to help you provide the information Medeco needs to create the new master key system for your customer.

Distributor PO#: \_\_\_\_\_  
Locksmith PO#: \_\_\_\_\_  
Date: \_\_\_\_\_

## HELPFUL DOCUMENTS AND INFORMATION

- **Orders may be delayed without complete information.**
- Email orders to [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or fax to 800-421-6615.
- Refer to the [Master Key Checklist](#) as a tool to ensure you are submitting complete information
- For more comprehensive information, please read the [Master Key Ordering Guide](#)
- To place orders, please use this Excel file – the [Medeco Premise Survey](#)
- If you have questions, please call 1-877-633-3261
- This form must accompany a product order if it's a new system. If system only request, email [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or fax to 800-421-6615

Medeco Use Only	
Registry #	
Key blank #	
Angle/Ref #	
End user #	

## SECTION 1 - END USER INFORMATION

*\*Required field*

Enter the name of the organization the master key system is for. Please also fill in the complete address, phone number, and name of a contact person. This information is mandatory and must be completed in its entirety.

Organization Name\*: \_\_\_\_\_

Street Address (no P.O. Box)\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Contact Name\*: \_\_\_\_\_

Type of Business\*: \_\_\_\_\_

## SECTION 2 - DISTRIBUTOR/DEALER INFORMATION

Please complete the distributor and/or locksmith information as applicable. If dealer buys direct from Medeco, the distributor information can be left blank. Also include your purchase order number at the top of this form if this system request is to be tied to a product order.

Date (the date your are mailing or faxing the request form): \_\_\_\_\_

### DISTRIBUTOR

Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LOCKSMITH

Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 3 - CARD HOLDER NAMES

If this is a carded system (Patriot, Liberty, GLD, SKY, NUK, Gotham, Freedom, DND, NYC, KeyMark Silver) please provide the name of each card holder. (Be sure to verify name spelling with customer.) In addition, identify the person to whom all the cards will be sent to and provide the name, address, and phone number for that individual. (Note: Patriot, Liberty, Freedom, and Gotham locksmiths who have signed the Service Center Addendum may request cards be sent to them rather than the end user.)

**IF CARDED PROGRAM, PROVIDE CARD HOLDER NAMES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL CARDS SENT TO:**

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

# Medeco Master Key System Request (cont.)

Distributor PO#: \_\_\_\_\_ Locksmith PO#: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4 - HIGH SECURITY OPTIONS (Only complete this section if the technology you are requesting is below.)

Please describe the master key system. Only complete this section if the technology you are requesting is below.

**Type of product:** Please check the appropriate box.

- Original
- Biaxial
- Medeco 3 Biaxial
- Medeco 4
- BiLevel (key control only)
- M3 Original

**Keyway:** Please provide the keyway if known.  
For Medeco 4, please provide the side codes, if known.

Keyway: \_\_\_\_\_

Side Codes: \_\_\_\_\_

**Pins:** Please choose the number of pins

- 4 [60 Series Cam Locks only]
- 5
- 6

	Yes	No
Will interchangeable cores ever be needed?		
Will cross keying ever be needed?		
Will Cam Locks/Switch Locks/Cabinet Locks/or 60 Series locks ever be included?		
Will Schlage®-style interchangeable cores ever be needed?		
Will Yale®-style interchangeable cores ever be needed?		

\*Cam/Switch Locks will not be master keyed with door hardware locks.

System specification and expansion parameters: Please tell us the maximum number of keys at each level by entering numbers in each box below. You must complete each level between highest and lowest level. System specification must include allotment for future expansion (please bold this sentence). For asymmetrical keying, please make a note in the box below.

**INCOMPLETE EXAMPLE:**

  X    
GMK
  X    
MK
  25    
CK

**COMPLETE EXAMPLE:**

   1     
GMK
  10    
MK
  25    
CK

*In this example, for each of the 10 master keys they include 25 change keys. That equals 250 total combinations.*

        
GGGMK
        
GGMK
        
GMK
        
MK
        
CK

**Asymmetrical keying notes:** \_\_\_\_\_

# Medeco Master Key System Request Form (cont.)

Distributor PO#: \_\_\_\_\_ Locksmith PO#: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 5 - KEY CONTROL OPTIONS (Only complete this section if the technology you are requesting is below)

Please describe the master key system. (Only complete this section if the technology you are requesting is below)

**Type of product:** Please check the appropriate box.

- Keymark Classic
- Medeco X4
- Medeco B (non key-control replacement cylinders)

**Keyway:** Please provide the keyway if known \_\_\_\_\_

**Pins:** Please choose the number of pins

- 6
- 7

	Yes	No
Will interchangeable cores ever be needed?		
Will conventional* cores ever be needed? (6-pin only)		
Will you ever need Schlage-style LFICs?		
Will you ever need Yale-style LFICs?		

\*Key-In-Knob cylinders are available in 6-pin only. Not available in Medeco B.

**INCOMPLETE EXAMPLE:**

$\frac{X}{GMK}$        $\frac{X}{MK}$        $\frac{25}{CK}$

*In this example, for each of the 10 master keys they include 25 change keys. That equals 250 total combinations.*

**COMPLETE EXAMPLE:**

$\frac{1}{GMK}$        $\frac{10}{MK}$        $\frac{25}{CK}$

**System Specifications (including expansion):** (please enter numbers needed for each level)

\_\_\_\_\_  
 GGGMK      GGMK      GMK      MK      CK

**This form must accompany product order if new system.**  
**If system only request, email [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or fax to 800-421-6615**

# Medeco Master Key System Request Form (cont.)

Distributor PO#: \_\_\_\_\_ Locksmith PO#: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 6 - CROSS KEYING

Cross keying is the deliberate process of combining a cylinder to two or more different keys, which would not normally be designed to operate together. Use the fields below to provide the information needed for cross keying.

**For the portion of the system ordered on current PO, all Cross Keying must be noted on PO. Complete below for future requirements.**

Keypad:	To Be Operated By:

Additional Notes Attached

## SECTION 7 - STAMPING REQUIREMENTS

Use the check boxes to indicate any special stamping needed for keys or cylinders. **Default stamping will apply unless specified otherwise below.** Additional charges may apply.

### Key Stamping

- Keypad
  - Alternate (provide separate sheet)
  - No Stamping. Blank Keys.
  - Serialization starting number \_\_\_\_\_
- } *Select One*

- Key Bow Style \_\_\_\_\_  
(If none selected default will apply)
- Less Logo
- Less Keyway

- New Die Stamp
- Existing Die Stamp \_\_\_\_\_

- Do Not Duplicate (no charge)
- US Property - Do Not Duplicate (no charge)

### Cylinder Stamping

- Keypad
  - Alternate (provide separate sheet)
  - Serialization starting number \_\_\_\_\_
- } *Select One*

- Visual
- Concealed
- Less Logo

# Medeco Master Key System Request Form (cont.)

Distributor PO#: \_\_\_\_\_ Locksmith PO#: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 8 - SHIPPING INSTRUCTIONS FOR BITTING LIST

Use this section to indicate how key records should be sent once the system is complete, and to indicate if records for key control software are needed. Note: Key records are only sent to the entity that is contracted for the keyway tied to the system, or if that entity has provided authorization to send elsewhere.

- Only bittings for Keysets ordered with product on this PO (N/C)
- Expanded Bitting List (Please provide requirements)

**Select One:**

- Provide on Flash Drive (UPS)
- Provide on Paper (Standard, UPS)
- [Encrypted/Key File](#)

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

### BITTING LIST FOR SIMPLEK

- Check if Bitting List Required for SimpleK

**Select One:**

- Provide on Flash Drive (UPS)
- [Encrypted/Key File](#)

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Expanded Bitting List Requirements:

## Section 9 - CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS FORM

*\*Required field*

Use this area to indicate who is completing this form. This will help Medeco know who to reach out to if there are questions.

Name\*: \_\_\_\_\_

Phone #\*: \_\_\_\_\_

Fax #\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

# Authorization Letter Template

Your Company Name  
Your Company Address  
Your Company City, State Zip Code  
Date

Re: Authorization Letter for **DISTRIBUTOR NAME HERE** to receive high security product including restricted keyways, on our behalf

To Whom It May Concern:

Please allow this letter to serve as authorization for **DEALER OR DISTRIBUTOR NAME HERE** to receive product on behalf of **MY COMPANY NAME AND ADDRESS HERE**. If there are questions or additional concerns, please do not hesitate to contact me.

(555) 555-5555  
myname@emaildomain.com

Provided below, is the **REQUIRED** system reference information pertinent to my system.

Job ID System Registry # (If existing system):

Expires: **EXPIRATION DATE**

Sincerely,

Name:  
Title:

**Must be completed on END USER COMPANY letterhead. All fields in red are required. Submit with Purchase Order.**

# Authorization Change Letter Template

Your Company Name  
Your Company Address  
Your Company City, State Zip Code  
Date

Re: Changes to Authorized Person List

To Whom It May Concern:

This is to inform Medeco Security Locks that **PERSON NAME** is no longer with the company, has retired or has changed names. The name(s) are to be removed from authorized person list and replaced with new names listed below. If there are any questions or additional concerns, please do not hesitate to contact me.

(555) 555-5555  
myname@emaildomain.com

Person(s) authorized to order additional locksets, cylinders, keys or bitting lists for the high security system noted:

- 1.
- 2.

Provided below, is the REQUIRED system reference information pertinent to my system.

Job ID System Registry #:

Sincerely,

Name:  
Title:

**Must be completed on END USER COMPANY letterhead. All fields in red are required. Submit with Purchase Order.**

# Sample Master Key System Request Form - New Systems

The master key system request form is designed to help you provide the information Medeco needs to create the new master key system for your customer.

Distributor PO#: 123456789-PO

Locksmith PO#: 2233445566-PO

Date: 11/1/2023

## HELPFUL DOCUMENTS AND INFORMATION

- Orders may be delayed without complete information.
- Email orders to [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or fax to 800-421-6615.
- Refer to the [Master Key Checklist](#) as a tool to ensure you are submitting complete information
- For more comprehensive information, please read the [Master Key Ordering Guide](#)
- To place orders, please use this Excel file – the [Medeco Premise Survey](#)
- If you have questions, please call 1-877-633-3261
- This form must accompany a product order if it's a new system. If system only request, email [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or fax to 800-421-6615

## Medeco Use Only

Registry #	
Key blank #	
Angle/Ref #	
End user #	

## SECTION 1 - END USER INFORMATION

\*Required field

Enter the name of the organization the master key system is for. Please also fill in the complete address, phone number, and name of a contact person. This information is mandatory and must be completed in its entirety.

Organization Name\*: Healing Springs Hospital

Street Address (no P.O. Box)\*: 100 Medical BLVD

City: Big City State: Virginia Zip\*: 54321

Phone Number\*: 540-867-5309 Contact Name\*: John Smith

Type of Business\*: Medical Center

## SECTION 2 - DISTRIBUTOR/DEALER INFORMATION

Please complete the distributor and/or locksmith information as applicable. If dealer buys direct from Medeco, the distributor information can be left blank. Also include your purchase order number at the top of this form if this system request is to be tied to a product order.

Date (the date your are mailing or faxing the request form): \_\_\_\_\_

### DISTRIBUTOR

Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LOCKSMITH

Account Number: 1234567

Company Name: ABC Lock Inc.

Street Address: 123 Main St.

City: Township State: TX Zip: 12345

## SECTION 3 - CARD HOLDER NAMES

If this is a carded system (Patriot, Liberty, GLD, SKY, NUK, Gotham, Freedom, DND, NYC, KeyMark Silver) please provide the name of each card holder. (Be sure to verify name spelling with customer.) In addition, identify the person to whom all the cards will be sent to and provide the name, address, and phone number for that individual. (Note: Patriot, Liberty, Freedom, and Gotham locksmiths who have signed the Service Center Addendum may request cards be sent to them rather than the end user.)

IF CARDED PROGRAM, PROVIDE CARD HOLDER NAMES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL CARDS SENT TO:

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



# Sample Master Key System Request Form - New Systems

Distributor PO#: 123456789-PO Locksmith PO#: 2233445566-PO Date: 11/1/2023

## SECTION 5 - KEY CONTROL OPTIONS (Only complete this section if the technology you are requesting is below)

Please describe the master key system. (Only complete this section if the technology you are requesting is below)

**Type of product:** Please check the appropriate box.

- Keymark Classic
- Medeco X4
- Medeco B (non key-control replacement cylinders)

	Yes	No
Will interchangeable cores ever be needed?		
Will conventional* cores ever be needed? (6-pin only)		
Will you ever need Schlage-style LFICs?		
Will you ever need Yale-style LFICs?		

\*Key-In-Knob cylinders are available in 6-pin only. Not available in Medeco B.

**Keyway:** Please provide the keyway if known \_\_\_\_\_

**Pins:** Please choose the number of pins

- 6
- 7

**INCOMPLETE EXAMPLE:**

$\frac{X}{GMK}$	$\frac{X}{MK}$	$\frac{25}{CK}$
-----------------	----------------	-----------------

*In this example, for each of the 10 master keys they include 25 change keys. That equals 250 total combinations.*

**COMPLETE EXAMPLE:**

$\frac{1}{GMK}$	$\frac{10}{MK}$	$\frac{25}{CK}$
-----------------	-----------------	-----------------

**System Specifications (including expansion):** (please enter numbers needed for each level)

GGGMK	GGMK	GMK	MK	CK
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**This form must accompany product order if new system.**  
**If system only request, email [orders.medeco@assaabloy.com](mailto:orders.medeco@assaabloy.com) or fax to 800-421-6615**

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