

Degree™ System Information Document

System: _____ DG1 _____ DG2 / DG3

NOTE: System Information Document required for all new systems; see reverse for additional document requirements.

Facility Name: _____

Mailing Address: _____

Shipping Address: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____

Zip Code: _____

Phone: (____) _____

Fax: (____) _____

E-Mail: _____

By: _____
(Print Name, Primary Systems Administrator) (Title) (Authorized Signatures)

I understand that if any of the authorized representatives of this Facility (as set out below) are removed from their duties for any reason whatsoever, it is my responsibility to notify Sargent Key Records Department, in writing, of their release and the names of their replacements.

Date: _____

Authorized Facility Representatives
(Printed Name)

(Title)

(Authorized Signatures)

Please attach any additional.

_____ (Signature or Initial by System Administrator Only)

☐ **"OPT-OUT" Option (System Type DG2 & DG3 Only):** By selecting this option I elect not to use the sequentially numbered registrations certificates and agree to substitute them with a Letter of Authorization.

Degree DG1 Required Administrative Documents:

- Mandatory; all new systems will require a completed System Information Document (orders can not be entered without this document). The fully executed original document will be kept on file at Sargent Manufacturing.
- Subsequent order requirement. A letter of authorization will be required if the product is shipped to an address other than what's recorded on the System Administration Document, and/or if the address on the purchase order is different than what is listed on the System Information Document.

Degree DG2 & DG3 Required Administrative Documents:

- Mandatory; all new systems will require a completed System Information Document (orders can not be entered without this document). The fully executed original document will be kept on file at Sargent Manufacturing.
- Subsequent order requirement: A specific randomized security code will be required for each order unless "Opt-Out" has been authorized by the systems administrator.
- If the "Opt Out" option is **NOT** selected
 - o A correct system specific (randomized) security code must be included with each subsequent order.
 - Security codes are specific to each order.
 - o If the shipping address is other than the one listed on the System Information Document, a Letter of Authorization signed by one of the recorded authorized representatives of the facility is required.
 - o Letter of Authorization must contain the same shipping address that appears on the customer's Purchase Order.
 - o Letters of Authorization will not be kept on file at factory.
 - o Without the proper security code, Letter of Authorization, or if the shipping address is other than what's listed on the System Information Document, the order cannot be processed.
- If the System Administrator elects not to use security codes as part of the authorization process, the "Opt Out" option can be authorized by the system administrator.
 - o If the "Opt Out" option **IS** selected
 - A system-specific security code is not required.
 - Letter of Authorization must be signed by one of the facility's authorized representatives.
 - If the shipping address is other than the one listed on the System Information Document, a Letter of Authorization will be required.
 - Letter of Authorization must contain the same shipping address that appears on the customer's Purchase Order.
 - Letters of Authorization will not be kept on file at factory.

SARGENT**ASSA ABLOY****SARGENT KeyWizard™ Registration Form**

*Denotes mandatory information. Please type or print clearly. This information is required to pre-register the software and generate the software license number. Please attach this form to your Purchase Order and fax both to: 800-610-6606

SARGENT MANUFACTURING COMPANY**100 Sargent Drive, New Haven, CT 06511****For Customer Service: 800-727-5477**

*Company/Institution: _____

*Contact Person: _____

*Address: _____

Address: _____

*City: _____ *State: _____ *Postal Code: _____

*Phone Number: _____

Fax Number: _____

Email Address: _____

* _____ Single Version _____ Network Version _____ Upgrade From Single PC
to Network Version _____ Demo Version

*Today's Date: _____

*Order Written By: _____

*Order Writer's Phone Number: _____

*Order Writer's Fax Number: _____

*Purchase Order Number: _____

Misc. Instructions:

For Use By KeyWizard™

Customer Account #: _____

Date Entered Into
KeyWizard™ Database: _____ MXP #: _____ Date General #: _____**For Technical Questions on KeyWizard™ Call 800-610-1706**

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES	
<input type="checkbox"/> GGMK		Qty	<input type="checkbox"/> Signature (10-)	
<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)	
			<input type="checkbox"/> XC (11-)	
			<input type="checkbox"/> Interchangeable Core (73-,7300B)	
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)	
			<input type="checkbox"/> Construction - Split Key (22-)	
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)	
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)	
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> Old Style Removable Core (51-)	
			<input type="checkbox"/> KESO (82-)	
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO Removeable Core (83-)	
			<input type="checkbox"/> KESO (F1-)	
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG1-)	
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE (DG2-)	
<input type="checkbox"/> Construction MstrKeys			<input type="checkbox"/> DEGREE UL437 (DG3-)	
<input type="checkbox"/> Emergency Keys				
Change Keys				
(Two cut keys are standard per lockset/cylinder)				
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty		
	Symbol:	Qty		
<input type="checkbox"/> Keys Total				
<input type="checkbox"/> Add'l Notes Attached				

Note:

See General Section of Price Book
for valid prefix combinations!

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES		
<input type="checkbox"/> GGMK		Qty	<input type="checkbox"/> Signature (10-)		
<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)		
			<input type="checkbox"/> XC (11-)		
			<input type="checkbox"/> Interchangeable Core (73-,7300B)		
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)		
			<input type="checkbox"/> Construction - Split Key (22-)		
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Old Style Removable Core (51-)		
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> KESO (82-)		
			<input type="checkbox"/> KESO Removeable Core (83-)		
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO (F1-)		
			<input type="checkbox"/> DEGREE (DG1-)		
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG2-)		
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE UL437 (DG3-)		
<input type="checkbox"/> Construction MstrKeys			Note: See General Section of Price Book for valid prefix combinations!		
<input type="checkbox"/> Emergency Keys					
Change Keys (Two cut keys are standard per lockset/cylinder)					
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty			
	Symbol:	Qty			
<input type="checkbox"/> Keys Total					
<input type="checkbox"/> Add'l Notes Attached					

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:

Degree: ☐ Yes ☐ No
Signature: ☐ Yes ☐ No
KESO: ☐ Yes ☐ No
Restricted: ☐ Yes ☐ No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES		
<input type="checkbox"/> GGMK		Qty	<input type="checkbox"/> Signature (10-)		
<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)		
			<input type="checkbox"/> XC (11-)		
			<input type="checkbox"/> Interchangeable Core (73-,7300B)		
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)		
			<input type="checkbox"/> Construction - Split Key (22-)		
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Old Style Removable Core (51-)		
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> KESO (82-)		
			<input type="checkbox"/> KESO Removeable Core (83-)		
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO (F1-)		
			<input type="checkbox"/> DEGREE (DG1-)		
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG2-)		
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE UL437 (DG3-)		
<input type="checkbox"/> Construction MstrKeys					
<input type="checkbox"/> Emergency Keys					
Change Keys					
(Two cut keys are standard per lockset/cylinder)					
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty			
	Symbol:	Qty			
<input type="checkbox"/> Keys Total					
<input type="checkbox"/> Add'l Notes Attached			<p>Note:</p> <p>See General Section of Price Book for valid prefix combinations!</p>		

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

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Ship Change Keys To: _____

Attention: _____

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Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

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Attention: _____

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☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

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Phone #: _____ Fax #: _____

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SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
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MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

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(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:

Degree: ☐ Yes ☐ No
Signature: ☐ Yes ☐ No
KESO: ☐ Yes ☐ No
Restricted: ☐ Yes ☐ No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES		
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<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)		
			<input type="checkbox"/> XC (11-)		
			<input type="checkbox"/> Interchangeable Core (73-,7300B)		
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)		
			<input type="checkbox"/> Construction - Split Key (22-)		
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Old Style Removable Core (51-)		
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> KESO (82-)		
			<input type="checkbox"/> KESO Removeable Core (83-)		
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO (F1-)		
			<input type="checkbox"/> DEGREE (DG1-)		
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG2-)		
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE UL437 (DG3-)		
<input type="checkbox"/> Construction MstrKeys					
<input type="checkbox"/> Emergency Keys					
Change Keys					
(Two cut keys are standard per lockset/cylinder)					
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty			
	Symbol:	Qty			
<input type="checkbox"/> Keys Total					
<input type="checkbox"/> Add'l Notes Attached			<p>Note:</p> <p>See General Section of Price Book for valid prefix combinations!</p>		

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:

Degree: ☐ Yes ☐ No
Signature: ☐ Yes ☐ No
KESO: ☐ Yes ☐ No
Restricted: ☐ Yes ☐ No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES		
<input type="checkbox"/> GGMK		Qty	<input type="checkbox"/> Signature (10-)		
<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)		
			<input type="checkbox"/> XC (11-)		
			<input type="checkbox"/> Interchangeable Core (73-,7300B)		
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)		
			<input type="checkbox"/> Construction - Split Key (22-)		
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Old Style Removable Core (51-)		
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> KESO (82-)		
			<input type="checkbox"/> KESO Removeable Core (83-)		
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO (F1-)		
			<input type="checkbox"/> DEGREE (DG1-)		
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG2-)		
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE UL437 (DG3-)		
<input type="checkbox"/> Construction MstrKeys					
<input type="checkbox"/> Emergency Keys					
Change Keys					
(Two cut keys are standard per lockset/cylinder)					
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty			
	Symbol:	Qty			
<input type="checkbox"/> Keys Total					
<input type="checkbox"/> Add'l Notes Attached			<p>Note:</p> <p>See General Section of Price Book for valid prefix combinations!</p>		

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:

Degree: ☐ Yes ☐ No
Signature: ☐ Yes ☐ No
KESO: ☐ Yes ☐ No
Restricted: ☐ Yes ☐ No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES	
<input type="checkbox"/> GGMK <input type="checkbox"/> GMK <input type="checkbox"/> Master Key <input type="checkbox"/> Sub Mstr Key <input type="checkbox"/> Other Special Keys <input type="checkbox"/> Control Keys <input type="checkbox"/> Construction MstrKeys <input type="checkbox"/> Emergency Keys Change Keys (Two cut keys are standard per lockset/cylinder) <input type="checkbox"/> Keys Per Cylinder (Each) <input type="checkbox"/> Keys Total <input type="checkbox"/> Add'l Notes Attached	<div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Symbol:</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/>	<input type="checkbox"/> Signature (10-) <input type="checkbox"/> Removable Core (63-,6300) <input type="checkbox"/> XC (11-) <input type="checkbox"/> Interchangeable Core (73-,7300B) <input type="checkbox"/> Construction Lost Ball (21-) <input type="checkbox"/> Construction - Split Key (22-) <input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3) <input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3) <input type="checkbox"/> Old Style Removable Core (51-) <input type="checkbox"/> KESO (82-) <input type="checkbox"/> KESO Removeable Core (83-) <input type="checkbox"/> KESO (F1-) <input type="checkbox"/> DEGREE (DG1-) <input type="checkbox"/> DEGREE (DG2-) <input type="checkbox"/> DEGREE UL437 (DG3-)		

Note:
See General Section of Price Book
for valid prefix combinations!

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise	
Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text: _____	
<input type="checkbox"/> New Die	
<input type="checkbox"/> Stamp Existing Die Stamp - No Charge	

(9) CROSS KEYING	
Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES		
<input type="checkbox"/> GGMK		Qty	<input type="checkbox"/> Signature (10-)		
<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)		
			<input type="checkbox"/> XC (11-)		
			<input type="checkbox"/> Interchangeable Core (73-,7300B)		
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)		
			<input type="checkbox"/> Construction - Split Key (22-)		
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Old Style Removable Core (51-)		
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> KESO (82-)		
			<input type="checkbox"/> KESO Removeable Core (83-)		
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO (F1-)		
			<input type="checkbox"/> DEGREE (DG1-)		
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG2-)		
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE UL437 (DG3-)		
<input type="checkbox"/> Construction MstrKeys					
<input type="checkbox"/> Emergency Keys					
Change Keys					
(Two cut keys are standard per lockset/cylinder)					
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty			
	Symbol:	Qty			
<input type="checkbox"/> Keys Total					
<input type="checkbox"/> Add'l Notes Attached			<p>Note:</p> <p>See General Section of Price Book for valid prefix combinations!</p>		

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES	
<input type="checkbox"/> GGMK <input type="checkbox"/> GMK <input type="checkbox"/> Master Key <input type="checkbox"/> Sub Mstr Key <input type="checkbox"/> Other Special Keys <input type="checkbox"/> Control Keys <input type="checkbox"/> Construction MstrKeys <input type="checkbox"/> Emergency Keys Change Keys (Two cut keys are standard per lockset/cylinder) <input type="checkbox"/> Keys Per Cylinder (Each) <input type="checkbox"/> Keys Total <input type="checkbox"/> Add'l Notes Attached	<div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Symbol:</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/>	<input type="checkbox"/> Signature (10-) <input type="checkbox"/> Removable Core (63-,6300) <input type="checkbox"/> XC (11-) <input type="checkbox"/> Interchangeable Core (73-,7300B) <input type="checkbox"/> Construction Lost Ball (21-) <input type="checkbox"/> Construction - Split Key (22-) <input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3) <input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3) <input type="checkbox"/> Old Style Removable Core (51-) <input type="checkbox"/> KESO (82-) <input type="checkbox"/> KESO Removeable Core (83-) <input type="checkbox"/> KESO (F1-) <input type="checkbox"/> DEGREE (DG1-) <input type="checkbox"/> DEGREE (DG2-) <input type="checkbox"/> DEGREE UL437 (DG3-)	<div style="text-align: center; padding-top: 100px;"> Note: See General Section of Price Book for valid prefix combinations! </div>	

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise			
Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-	<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text: _____			
<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge			

(9) CROSS KEYING	
Key Symbol: <hr/> <hr/> <hr/> <hr/>	To Be Operated By <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Add'l Notes Attached	
Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!	

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES	
<input type="checkbox"/> GGMK <input type="checkbox"/> GMK <input type="checkbox"/> Master Key <input type="checkbox"/> Sub Mstr Key <input type="checkbox"/> Other Special Keys <input type="checkbox"/> Control Keys <input type="checkbox"/> Construction MstrKeys <input type="checkbox"/> Emergency Keys Change Keys (Two cut keys are standard per lockset/cylinder) <input type="checkbox"/> Keys Per Cylinder (Each) <input type="checkbox"/> Keys Total <input type="checkbox"/> Add'l Notes Attached	<div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Designation</div> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Qty</div> <hr/> <div style="text-align: center;">Symbol:</div> <div style="text-align: center;">Qty</div> <hr/> <hr/> <hr/>	<input type="checkbox"/> Signature (10-) <input type="checkbox"/> Removable Core (63-,6300) <input type="checkbox"/> XC (11-) <input type="checkbox"/> Interchangeable Core (73-,7300B) <input type="checkbox"/> Construction Lost Ball (21-) <input type="checkbox"/> Construction - Split Key (22-) <input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3) <input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3) <input type="checkbox"/> Old Style Removable Core (51-) <input type="checkbox"/> KESO (82-) <input type="checkbox"/> KESO Removeable Core (83-) <input type="checkbox"/> KESO (F1-) <input type="checkbox"/> DEGREE (DG1-) <input type="checkbox"/> DEGREE (DG2-) <input type="checkbox"/> DEGREE UL437 (DG3-)		
			Note: See General Section of Price Book for valid prefix combinations!	

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise	
Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text: _____	
<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge	

(9) CROSS KEYING	
Key Symbol: <hr/> <hr/> <hr/> <hr/>	To Be Operated By <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Add'l Notes Attached	
Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!	

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT KEYED ORDER LEADSHEET

SYSTEM INFORMATION (Section 1 - 5)

SARGENT
ASSA ABLOY

Distributor Name: _____ P.O. #: _____
Job Name: _____
End User: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

☐ New (SARGENT generated) ☐ Field Specified Bittings ☐ Existing. Please complete one of the following:
Registry Number: _____
If New System complete System Design Section 2 TMK Bitting & Keyway: _____
Previous SARGENT Order #: _____
Field-Specified Bittings are attached? ☐ Yes ☐ No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

☐ Level 4 GGMK ☐ Level 3 GMK ☐ Level 2 MK
GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
MK Per GMK _____ # ChKys Per MK _____
ChgKys Per MK _____
☐ 5-Pin System ☐ 6-Pin System (Default) ☐ 7-Pin System

Additional Information (If Required) _____

☐ SubMaster Keying Level Required: See Keying Notes Attached
of SubMaster Keys Per MK _____
of ChKys Per SubMK _____
☐ SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

☐ Conventional (Sargent Std) ☐ Degree ☐ KESO ☐ SFIC (Best) Check One Below
☐ A2 ☐ A3 ☐ A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.

☐ Customer Specified Keyway

Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization

Degree/Signature ID Code: _____ Zip Code (Signature Only): _____

Security/PIN Code: _____

Request Form Att'd For NEW Degree/Signature Code ☐ Yes ☐ No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET
THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY			(7) CYLINDER FEATURES		
<input type="checkbox"/> GGMK		Qty	<input type="checkbox"/> Signature (10-)		
<input type="checkbox"/> GMK	Designation	Qty	<input type="checkbox"/> Removable Core (63-,6300)		
			<input type="checkbox"/> XC (11-)		
			<input type="checkbox"/> Interchangeable Core (73-,7300B)		
<input type="checkbox"/> Master Key	Designation	Qty	<input type="checkbox"/> Construction Lost Ball (21-)		
			<input type="checkbox"/> Construction - Split Key (22-)		
			<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)		
			<input type="checkbox"/> Old Style Removable Core (51-)		
<input type="checkbox"/> Sub Mstr Key	Designation	Qty	<input type="checkbox"/> KESO (82-)		
			<input type="checkbox"/> KESO Removeable Core (83-)		
<input type="checkbox"/> Other	Designation	Qty	<input type="checkbox"/> KESO (F1-)		
			<input type="checkbox"/> DEGREE (DG1-)		
Special Keys		Qty	<input type="checkbox"/> DEGREE (DG2-)		
<input type="checkbox"/> Control Keys			<input type="checkbox"/> DEGREE UL437 (DG3-)		
<input type="checkbox"/> Construction MstrKeys					
<input type="checkbox"/> Emergency Keys					
Change Keys					
(Two cut keys are standard per lockset/cylinder)					
<input type="checkbox"/> Keys Per Cylinder (Each)		Qty			
	Symbol:	Qty			
<input type="checkbox"/> Keys Total					
<input type="checkbox"/> Add'l Notes Attached			<p>Note:</p> <p>See General Section of Price Book for valid prefix combinations!</p>		

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise

Select one ONLY what to use as VKC symbol <input type="checkbox"/> Bittings <input type="checkbox"/> Keyset symbols <input type="checkbox"/> Alternate non DHI symbols	Select one ONLY what to use for VKC location <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keysets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text:	<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge

(9) CROSS KEYING

Key Symbol:	To Be Operated By

☐ Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

☐ Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

☐ Only Keysets that are orderd with product on this PO (N/C)

☐ Expanded Bitting List (Please provide requirements)

☐ Provide on Disc

☐ Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____

SARGENT**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____

Final Approval and Assignment by SARGENT

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____

SARGENT®**ASSA ABLOY**

Sargent Signature Series Code Pattern Registration Form

100 Sargent Drive New Haven, CT 06511 Phone 800-727-5477 Fax 888-898-8995

Section A Distributor Information

Date: _____

Distributor Name: _____ Account Number: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Section B Facility Information:

Facility Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Area Responsible for Key System: _____

And Names Of Authorizing Individuals

Name: _____ Title: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Section C: System Specifications:

☐ Existing System ☐ New System Cylinder Quantity: _____

Existing Registry Number: _____ Requested Keyway: _____

System Level:

☐ Construction Keying ☐ Removable Core ☐ Hotel Mky

Section C: Area of Exclusivity:

☐ State ☐ Adjacent States Additional States: _____*Final Approval and Assignment by SARGENT*

Factory Use Only:

Keyway Family: _____

Signature Code: _____ PIN Code: _____ Zip: _____

Alternate Code: _____