

**APPLICATION FOR DEPARTMENT KEY**  
**STATE OF CONNECTICUT - DEPARTMENT OF TRANSPORTATION**  
PRO-53, REV. 10/06

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**Check One Box :**       DOT Employee

Other Agency Employee

Contractor/Vendor/Emergency Services

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**To Be Completed By DOT Employees**

**Employee #** \_\_\_\_\_

Maintenance

Surveys

**Bureau:** \_\_\_\_\_

Construction

Electrical

**Unit:** \_\_\_\_\_

Other

Name of Unit if Other: \_\_\_\_\_

**Official Duty Station - Address & Phone Number w/Area Code:**

\_\_\_\_\_

\_\_\_\_\_

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**To Be Completed By Contractor/Vendor/Emergency Service/Other Agency**

**Company Name:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

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

**Key Number(s):** \_\_\_\_\_ **Areas Of Access Needed:** \_\_\_\_\_

The nature of the duties of the above named person requires that he/she hold said key(s) because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this is a transfer of existing keys, name and employee # of the previous key holder:

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

**Employee #:** \_\_\_\_\_

It is understood that this approval is granted pursuant to Policy No. EX.O - 25, dated October 2, 2006 to the above-named person only and under the following conditions:

1. The key(s) shall not leave the possession of the above-named person.
2. Should the above-named person leave the employ of his/her present unit or should the nature of his/her duties change, this key must be returned by the employee to the Security Division.

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1. If this key is issued to another Agency or a Contractor, it is understood in accepting this key that the Contractor or Agency is responsible for safeguarding said key and return it promptly upon a request by the Department of Transportation.

**Signed:** \_\_\_\_\_

Unit Supervisor

**Signed:** \_\_\_\_\_

Dist.Eng/Maint.Mgr/Off. Mgr.

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

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

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**DO NOT WRITE BELOW THIS LINE**

**Approved:** \_\_\_\_\_

Director of Security

**Approved:** \_\_\_\_\_

Director of Property & Facilities Services

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

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

I acknowledge the receipt of the above key(s) and agree to comply with all regulations contained in Policy No. EX.O - 25. I will not duplicate or allow the key(s) to leave my possession. I agree to notify the Division of Security if the key(s) is lost.

**Signed:** \_\_\_\_\_

Employee Signature

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

**Date entered into computer:** \_\_\_\_\_

**By:** \_\_\_\_\_