

KEY CUSTODIAN APPLICATION

PF493

To avoid delays in processing, please fill in ALL fields below. Incomplete or incorrect information will result in your application being rejected. If you have any queries regarding this form, please contact the Security Technical Office on 334 68834 for advice.

Title (please select one):	☐ Mr	☐Mrs	Miss	☐Ms	☐ Dr	☐ Prof
First Name:	Last Name:					
Position:	UQ Username:					
Organisational Unit:						
Phone:	E-mail:					
AREAS OF RESPONSIBILITY						
Provide a full list of buildings and rooms you will be responsible for. You can attach the list in a table format along with this form.						
Building/Room Number/s:						
I understand that I am responsible for the order (via PF495 Key Order form) and issue (via PF494 Key Issue form) of keys as well as maintaining the key register (via PF347 Key Register form) for the area specified above in line with the Property and Facilities Key Procurement Procedure. I have read and understood the Property and Facilities Locks and Keys Policy. By signing this form, I agree to abide by these responsibilities as well as maintain my role as Key Custodian until such time that this form expires as per instructions from my Authorising Officer (Head of Organisational Unit).						
Applicant's Signature: Date:						
	AUTHOR	ISATION (lead of Orga	anisational	Unit)	
I understand that it is my responsibility to advise the Security Technical Office of any change in the applicant's position or responsibility (including termination) which affects the appropriateness of the Username and access privileges granted.						
First Name:			Last Na	ame:		
Position:						
Signature:	Date:					