



**SUBMIT THIS FORM TO AN AUTHORIZED MEDECO RETAILER**  
**FOR THE PURCHASE OF ONE MEDECO ELEVATOR MEDICAL**  
**EMERGENCY KEY (key code # 6R64142)**

**FOR DPS USE ONLY**

In accordance with 524 CMR 17.40 (2) (c), the individual indentified below is hereby authorized to purchase a Medeco elevator medical emergency key (key code #6R64142).

**APPROVED BY:** \_\_\_\_\_  
(Name) (Signature)

**DATE OF REVIEW:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**MA ELEVATOR MECHANIC LICENSE: #** \_\_\_\_\_

**MA EMT CERTIFICATION : #** \_\_\_\_\_

**APPLICANT IS CURRENTLY LICENSED/CERTIFIED**

**ASSIGNED KEY NUMBER:** \_\_\_\_\_