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|  | **Commonwealth of Massachusetts**  **Division of Occupational Licensure**  **Office of Public Safety and Inspections**  **APPLICATION FOR AUTHORIZATION TO PURCHASE ELEVATOR MEDICAL EMERGENCY KEY** |

**To obtain an elevator medical emergency key email completed form to** [**elevator.supervisor@mass.gov**](mailto:elevator.supervisor@mass.gov) **Application must be submitted as a Microsoft** **word document, (Word.docx), please do not send application in PDF format. Illegible, incomplete or PDF format applications will be returned. If approved, the application will be returned to you with a signature authorizing you to purchase a key. Please take the returned approved application to any authorized Medeco retailer to purchase a key** [**www.medeco.com**](http://www.medeco.com)

**The key may not be duplicated or transferred. Improper use or dissemination of the key may result in disciplinary action. If a key holder become unlicensed/uncertified, they must turn the key over to OPSI.**

**Name:**

**Home Address:**

**Phone Number:**       **Email:**

**I am a (check one box and insert information)**

**MA Licensed Elevator Mechanic – License #**

**MA Emergency Medical Technician – Certification #**

***I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. By typing your name, you agree that is valid as your signature***.

**Signature of Applicant:**       **Date:**

**FOR OFFICE OF PUBLIC SAFETY AND INSPECTIONS USE ONLY**

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

**Approved by:**

**(Signature)**

**Date of Review:**

**Name of Applicant:**      

**MA Elevator Mechanic License: #**

**MA EMT Certification: #**

**Applicant is currently Licensed/Certified**

**Assigned Key Number:**