**KEY AUTHORIZATION FORM**

ESB, EOS Main & EOS South

******************************PLEASE READ******************************

**Procedure:**
- Please submit completed form to EOAS Main Office Reception, ESB 2020-2207 Main Mall
- If you require **card key access**, please also complete the ‘Card Key Authorization Form’ on the back of this form
- You will receive an email from the UBC Key Desk after your key request has been processed by them and keys are ready for pick up. The email will include instructions as to where to pick up your keys.
- Approved key requests are only valid for **30 days** after which they become inactive and a new Form must be completed.

**Note:**
- **Key requests will not be processed until a fully completed EOAS Workplace Safety Orientation form is received and verified by the EOAS Main Office.**
- Key Office will collect a **refundable deposit of $20** for new key users
- **Please identify any key that is a replacement for a lost or stolen key.**

### Issued Keys:

#### Entrance:
- EOS South (9G15) (Faculty, Graduate Students, Postdocs, Visitors with offices in EOSS)

Please note that EOS Main access is by Card Key. See reverse side of this form.

#### Office:
(please specify the building: ESB, EOS Main, EOS South)

- Bldg/Room Number: ____________________  Bldg/Room Number: ____________________
- Bldg/Room Number: ____________________  Bldg/Room Number: ____________________

#### Laboratory:
(please specify the building: ESB, EOS Main, EOS South)

- Bldg/Room Number: ____________________  Bldg/Room Number: ____________________
- Bldg/Room Number: ____________________  Bldg/Room Number: ____________________

#### ECAC:
- EOS Main, Room 109

#### Grad Student SubMaster:
- EOS Main, 5G-4

Please encircle one*: Faculty / Staff / Undergrad / Grad / Postdoc / Visitor  (* required)

Date: ________________________________

Requester’s Name*: ____________________ UBC Card #:

Student/Employee # *: ________________ SIN (Canadian Visitors Only): ________________

Name of Supervisor*: ________________ Supervisor Signature*: ________________

Requester’s Email*: ________________ Requester’s Signature*: ________________

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Office Use Only:

Key Request #: ____________________ Date Processed: ________________ Visitor Card #: ____________________
**DEPARTMENT OF EARTH OCEAN AND ATMOSPHERIC SCIENCES**

**CARD KEY AUTHORIZATION FORM**

ESB & EOS Main only

**Important:**

Please also complete the Key Authorization Form on the back of this form.

### ESB

Please check all that apply:

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>☐ Basement</td>
<td>☐ After-hours access to building</td>
</tr>
<tr>
<td>☐ After-hours access to 2&lt;sup&gt;nd&lt;/sup&gt; Floor</td>
<td>☐ After-hours access to 3&lt;sup&gt;rd&lt;/sup&gt; Floor</td>
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<tr>
<td>☐ After-hours access to 4&lt;sup&gt;th&lt;/sup&gt; Floor</td>
<td>☐ After-hours access to 5&lt;sup&gt;th&lt;/sup&gt; Floor</td>
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<tr>
<td>☐ Access to Lab 2042</td>
<td>☐ Access to Lab 2052</td>
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<td>☐ Access to Lab 2062</td>
<td>☐ Access to Lab 3042</td>
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<td>☐ Access to Lab 3052</td>
<td>☐ Access to Lab 3062</td>
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<td>☐ Access to Lab 4033</td>
<td>☐ Access to Lab 4042</td>
</tr>
<tr>
<td>☐ Access to Lab 4052</td>
<td>☐ Access to Clean Room (Corridor Door/Stairwell)</td>
</tr>
<tr>
<td>☐ After-hours access to MDRU Resource Centre</td>
<td>☐ Access to 5030 Suites</td>
</tr>
<tr>
<td>☐ After-hours access to Conference Centre</td>
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<tr>
<td>☐ Other – please specify</td>
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### EOS Main

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>☐ Access to Front Door</td>
<td>☐ Access to Basement Door</td>
</tr>
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</table>

### Visitors Cards

(For Visitors requiring Card Key access who are not eligible to receive a UBC Card. A $10 deposit is required.)

| Visitor Start Date: __________________________ | Visitor End Date: __________________________ |