

Security Business Legal Name: _____ Licence Number: _____

RESTRICTED KEY LOG

DATE <small>(year/month/day)</small>	Full Name & Contact Info of Key Owner	Full Name & Contact Info of Person Authorized By the Key Owner to request a duplicate key(s)	Reason for duplicate key	How many keys cut	Security Worker Licence # of Locksmith that made the duplicate(s)
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			
	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____	Name: _____ Street: _____ City: _____ B.C. Ph: (_____) _____			