TownSteel
PERFECTION IN PROTECTION

Master Key Ordering Guide

The TownSteel Promise

We have built our company around the promise of creating durable hardware solutions for your projects. Our complete product line is the result of decades of determined engineering. This allows TownSteel to provide you with the right product to meet your exacting specifications. With end-to-end customer support, you will find that TownSteel is the ideal company for you to partner with. Check us out at townsteel.com for more information!

Table of Contents

Master Key Ordering - Reference Guide

Leadsheets are informational documents that provide system set-up and details for proper order fulfillment

General Information

- All master keyed items require DHI keyset symbols when placing PO.

Each category listed below provides an explanation about the particular section on the leadsheet document. Refer to pages 7-13.

Header

- Master Keyed Order Leadsheets are required with every master key order.
- One leadsheet, one system per order.
- Job name, full address, including city, state, and zip code required for all master keyed orders.

Section 1 - System Status

Section 2 - System Type and Design (For New Systems Only)

- Select System Type, Number of Pins, and Level of System. Add Required future expansions horizontally.

Section 3 - Keyway

- TownSteel will assign keyways unless noted.
- Use of Restricted L keyway requires pre-approval from TownSteel.

Section 4 - Cross Keying

- All Cross Keyed Cylinders need to have keysets with leading “X” in P.O.

Section 5 - Authorization

- Authorization is required by High Security L Keyway.

Section 6 - Cylinder Features

- Cylinder Features need to be identified on P.O.

Section 7 - Cut Keys Quantities for Current P.O.

- Two (2) Cut Change Keys come standard per lock/exit/cylinder. Key Blanks cannot be substituted for Cut keys.

Section 8 - Stamping Requirements

- Default stamping will apply unless specified.
- Charges and additional lead times may apply (see Price Book).
- Any DIE stamp that is selected will apply to keyblanks on the P.O.. If not required, mark P.O. accordingly.

Section 9 - Packing Instructions for Keys Produced with Product

- When ordered as CMK, keys will be packed and shipped separately from product at no charge.

Section 10 - Shipping Instructions for Change Keys

Sections 11-15 - Shipping Instructions

- Includes GGGM, GGM, GM, Masters, Sub Masters, Control, and Emergency Keys.

Section 16 - Contact Information

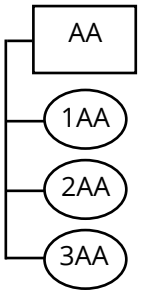
System Design Layout

2-Level System

When designing a two-level key system, keep these rules in mind:

Rule 1: Master keys use two letters, typically starting from the beginning of the alphabet. For example, the master key shown here is AA.

Rule 2: Change keys are based on their master key, with numbers added. In a two-level system, the number comes before the letters of the master key.



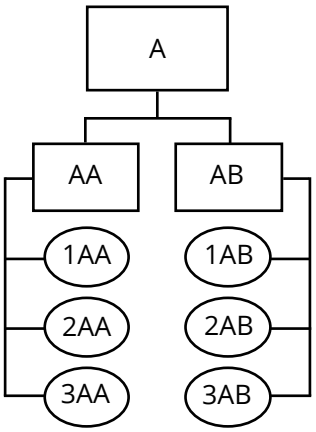
3-Level System

In systems with more than two levels—such as a grand master key system—the change key numbers appear at the end. Master keys still use two letters, but a new element is introduced: the grand master key (GMK).

Rule 3: A grand master key is identified by a single letter.

Rule 4: All master keys under a grand master must begin with that grand's letter. For example, all masters under Grand A start with "A."
Avoid using the letters I, O, Q, and X, as they are easily mistaken for the numbers 1 and 0.

When more than 22 masters are required under a single grand master, add a rotation number between the master key letters:



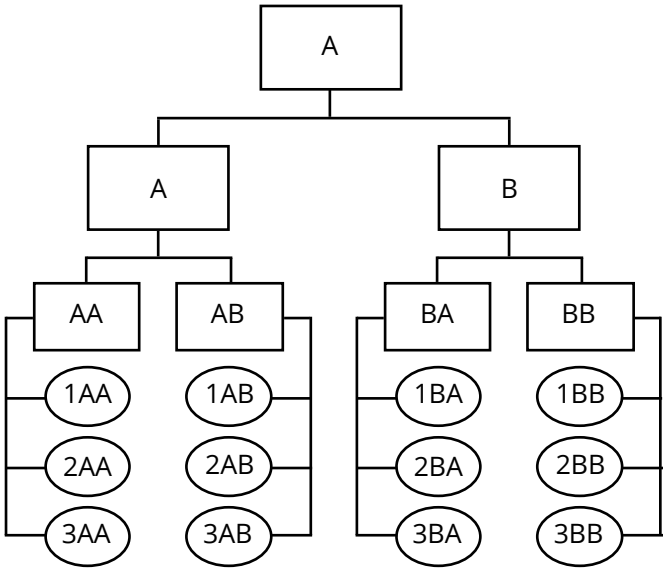
4-Level System

In a four-level system—also known as a great grand master key system—the first four rules still apply:

- Since it has more than two levels, change key numbers are placed last.
- Master keys have two letters.
- The first letter of each master key matches its grand master.
- Grand master keys are identified by a single letter.

New Element: The great grand master key.

Rule 5: The symbol for a great grand master key is GGM.



Master Key Order Leadsheet

Note: Only One Leadsheet/Key System Per Purchase Order

*Required Information

Acct#* : _____ Distributor Name* : _____ P.O. #* : _____

End User Facility Name*: _____ Contact Name: _____

Job/Building Name*: _____ Phone/email: _____

End User Address*: _____

City*: _____ State: _____ Zip Code: _____

Section 1: System Status

☐ New

☐ Existing (provide any below)

REG#** : _____ TMK Bitting and Keyway ** : _____ Prior Order # ** : _____

** Used for locating the correct Registry # only. All other order requirements must be specified in the sections below.

For orders with field-specified bittings, include the information with the purchase order. Refer to the Price Book for any potential additional charges.

Section 2: System Type and Design (For New Systems ONLY)

Select System Type, Number of Pins, and Level of System.

Add required future expansions horizontally.

☐ System 70 ☐ Pre System 70 ☐ 5 Pins ☐ 6 Pins ☐ 7 Pins

Expansions	# of Change Keys	# of Master Keys	# of Grand Master Keys	Top Master Key Level
Level 1 ☐		—	—	—
Level 2 ☐		—	—	Master
Level 3 ☐			—	Grand Master
Level 4 ☐				Great Grand Master

Section 3: Keyway

TownSteel will assign keyways unless noted below.

Use of restricted High Security L keyway require pre-approval from TownSteel

☐ Customer Specified Keyway: _____

Section 4: Cross Keying

All Cross Keyed Cylinders need to have keysets with leading "X" on P.O.

Keyset	Operated by Conditions	Keyset	Operated by Conditions

Section 5: Authorization

Authorization is required by High Security L Keyway.

Job ID # : _____ Random Security Code : _____

P.O. #* : _____

Section 6: Cylinder Features

Cylinder Features need to be identified on P.O.

Feature	Set it up
Construction Lost Ball - CMK	☐

Section 7: Cut Keys Quantities for Current P.O.

Two (2) Cut Change Keys come standard per lock/exit device/cylinder. Key Blanks cannot be substituted for cut keys.

Level	Keyset	Quantity
GMM	_____	_____
Grand Masters	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Masters	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Special Functions	Quantity
MK Control (CTR)	_____
SKD Control (CTR)	_____
MK Construction (CMK)	_____
SKD Construction (CMK	_____
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

Change Keys per Cylinder _____ **Quantity**

When left blank, two keys are provided by default

Total Keys per Keyset _____

If different quantities per Keyset are required, please provide below.

Keyset	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 8: Stamping Requirements

Default stamping will apply unless specified below.
Charges and additional lead times may apply (see Price Book).
Any DIE stamp that is selected will apply to keyblanks on the P.O.. If not required, mark P.O. accordingly.

Cut Keys Stamping		
VKC Stamping (select one)	DIE Stamping	KEY BOW
☐ BITTING	☐ DO NOT DUPLICATE (DND)	STYLE: _____
☐ KEYSET	☐ US GOVERNMENT DND	
☐ ALTERNATE	☐ US PROPERTY DND	
☐ NONE (Blank)	☐ EXISTING _____	
	☐ NEW_____	
☐ LESS LOGO	☐ LESS KEYWAY	

Cylinders Stamping	
VKC Stamping (select one)	Location (select one)
☐ BITTING ☐ KEYSET ☐ ALTERNATE	☐ VISUAL ☐ CONCEALED
☐ LESS LOGO	

P.O. #* : _____

Section 9: Packing Instructions for Keys Produced with Product

When ordered as CMK, keys will be packed and shipped separately from product at no charge.

☐ Pack Keys with Product (Standard) ☐ Pack Keys Separately

Section 10: Shipping Instructions for Change Keys

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 11: Shipping Instructions for Any Level Master Keys

(Includes GGGM, GGM, GM, Masters, Sub Masters, Control, and Emergency Keys).

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 12: Shipping Instructions for Construction Master Keys (MK'ed or TEMPs)

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 13: Shipping Instructions for Keyblanks

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 14: Shipping Instructions for Cores

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 15: SHIPPING INSTRUCTIONS FOR BITTING LIST

If you require a Bitting List, please mark how you would like to recieve it and provide shipping instructions

☐ Include Keysets that were ordered with product on this P.O.

☐ Expanded bitting list. See Price Book for additional charges (please provide requirements): _____

☐ Excel (via Email) ☐ PDF (via Email) ☐ Paper (via UPS)

E-mail: _____ Att To: _____

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 16: Contact Information for Individual Completing this Form

Name: _____ Phone: _____ E-mail: _____

Authorization Letter Template

The Following must be completed on YOUR COMPANY letterhead.
All fields in red required. When completed, send to submit with PO to Townsteel.

[Your Company Name]
[Your Company Address]
[Your City, State, ZIP Code]
[Date]

Re: Authorization for [Distributor Name] to Receive High-Security Products on Our Behalf

To Whom It May Concern,

This letter serves as formal authorization for [Distributor Name] to receive high-security products, including restricted keyways, on behalf of [Your Company Name & Address].

If you have any questions or require further information, please contact me at (555) 555-5555 or myname@emaildomain.com.

System Reference Information:

Job ID System Registry #: _____

Random Security Code (if applicable): _____

Security Product Registry #: _____

Protected Keyway Registry # or Keyway Section (if applicable): _____

Expiration Date: _____

Sincerely,
Name: _____
Title: _____

Authorization Change Letter Template

The Following must be completed on YOUR COMPANY letterhead.
All fields in red required. When completed, send to submit with PO to Townsteel.

[Your Company Name]
[Your Company Address]
[Your City, State, ZIP Code]
[Date]

Re: Changes to Authorized Personnel List

To Whom It May Concern,

This letter is to formally notify TownSteel that [Person Name] is no longer with the company, has retired, or has undergone a name change. Please remove this individual from the list of authorized personnel and replace them with the new authorized individuals listed below.

If you have any questions or need additional information, please contact me at (555) 555-5555 or myname@emaildomain.com.

Authorized individuals for ordering locksets, cylinders, keys, or bitting lists for the high-security system listed below:z

Required System Reference Information:

Job ID System Registry #: _____

Random Security Code (if applicable): _____

Security Product Registry #: _____

Protected Keyway Registry # or Keyway Section (if applicable): _____

Sincerely,
Name: _____
Title: _____

Authorization Form

I confirm that I have been designated as the primary systems administrator for the TownSteel protected locking system at the facility listed below. I agree to follow all terms outlined by the TownSteel Cylinders/Keys Product Line management team in their Policies and Procedures.

If I am removed from this role for any reason, I will notify TownSteel Key Systems Administration in writing right away. If I cannot do so, the person taking over my responsibilities will notify TownSteel in writing immediately. In such cases, TownSteel will require a new Notice of Acceptance for the facility.

I also understand that if any authorized representative of this facility (as listed below) leaves their role for any reason, it is my responsibility to inform TownSteel Key Systems Administration in writing and provide the name(s) of their replacement(s).

Facility Name: _____

Mailing Address

Street: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Fax: _____

Shipping Address

Street: _____

City: _____ State: _____

Zip Code: _____

Internal Use Only

Date Received and Recorded: _____

TownSteel Account Number: _____

By: _____ _____ _____

(Print Name, Primary System Administrator) (Title) (Authorized Signature)

I understand that if any authorized representative of this facility (as listed below) leaves their role for any reason, I am responsible for notifying TownSteel Key Records Department in writing. This notice must include confirmation of their departure and the name(s) of their replacement(s).

Date: _____

Authorized Facility Representatives:

(Printed Name)	(Title)	(Authorized Signature)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

System Administrator Initials or Signature:_____

System Information Document

Fill out, print, and sign to submit with P.O.

System: ☐ High Security L Keyway

Facility Name: _____

Mailing Address: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Fax: _____

Facility Name: _____

Shipping Address: _____

Street: _____

City: _____ State: _____

Zip Code: _____

By: _____ _____ _____

(Print Name, Primary System Administrator) (Title) (Authorized Signature)

I acknowledge that if any authorized representatives of this Facility (listed below) are relieved of their duties for any reason, it is my responsibility to provide written notification to TownSteel, including their removal and the names of their replacements.

Date: _____

Authorized Facility Representatives:

(Printed Name)	(Title)	(Authorized Signature)

System Administrator Initials or Signature:_____

P.O. Support Schedule

Fill out, print, and submit with P.O.

ID	Quantity	Configured Product	Hand	Opening Size

Quantity	Hardware set	Door Number	Keying	Number of Keys

ID	Quantity	Configured Product	Hand	Opening Size

Quantity	Hardware set	Door Number	Keying	Number of Keys

ID	Quantity	Configured Product	Hand	Opening Size

Quantity	Hardware set	Door Number	Keying	Number of Keys

Sample Leadsheet

Note: Only One Leadsheet/Key System Per Purchase Order

*Required Information

Acct#* : 123456789 Distributor Name* : _____ P.O. #* : 123456789

End User Facility Name*: ABC Contact Name: John Doe

Job/Building Name*: TownSteel Warehouse Phone/email: (000)111-2222

End User Address*: 17901 Railroad St

City*: City of Industry State: CA Zip Code: 91746

Section 1: System Status

☑ New

☐ Existing (provide any below)

REG#** : _____ TMK Bitting and Keyway ** : _____ Prior Order # ** : _____

** Used for locating the correct Registry # only. All other order requirements must be specified in the sections below.

For orders with field-specified bittings, include the information with the purchase order. Refer to the Price Book for any potential additional charges.

Section 2: System Type and Design (For New Systems ONLY)

Select System Type, Number of Pins, and Level of System.

Add required future expansions horizontally.

☑ System 70 ☐ Pre System 70 ☐ 5 Pins ☐ 6 Pins ☐ 7 Pins

Expansions	# of Change Keys	# of Master Keys	# of Grand Master Keys	Top Master Key Level
Level 1 ☐		—	—	—
Level 2 ☐		—	—	Master
Level 3 ☑	50	10	—	Grand Master
Level 4 ☐				Great Grand Master

Section 3: Keyway

TownSteel will assign keyways unless noted below.

Use of restricted High Security L keyway require pre-approval from TownSteel

☐ Customer Specified Keyway: _____

Section 4: Cross Keying

All Cross Keyed Cylinders need to have keysets with leading "X" on P.O.

Keyset	Operated by Conditions	Keyset	Operated by Conditions
XAA1	AA2-AA5		

Section 5: Authorization

Authorization is required by High Security L Keyway.

Job ID # : _____ Random Security Code : _____

P.O. #* : 123456789

Section 6: Cylinder Features

Cylinder Features need to be identified on P.O.

Feature	Set it up
Construction Lost Ball - CMK	☑

Section 7: Cut Keys Quantities for Current P.O.

Two (2) Cut Change Keys come standard per lock/exit device/cylinder. Key Blanks cannot be substituted for cut keys.

Level	Keyset	Quantity
GMM		
Grand Masters	A	5
Masters	AA, AB	5

Special Functions	Quantity
MK Control (CTR)	
SKD Control (CTR)	
MK Construction (CMK)	10
SKD Construction (CMK	

Change Keys	Quantity
per Cylinder	3

When left blank, two keys are provided by default

Total Keys per Keyset

If different quantities per Keyset are required, please provide below.

Keyset	Quantity
AA1	5
AA6	10

Section 8: Stamping Requirements

Default stamping will apply unless specified below.
Charges and additional lead times may apply (see Price Book).
Any DIE stamp that is selected will apply to keyblanks on the P.O.. If not required, mark P.O. accordingly.

Cut Keys Stamping		
VKC Stamping (select one)	DIE Stamping	KEY BOW
☐ BITTING	☑ DO NOT DUPLICATE (DND)	
☑ KEYSET	☐ US GOVERNMENT DND	
☐ ALTERNATE	☐ US PROPERTY DND	STYLE: KB38
☐ NONE (Blank)	☐ EXISTING _____	
	☐ NEW _____	
☐ LESS LOGO ☐ LESS KEYWAY		

Cylinders Stamping	
VKC Stamping (select one)	Location (select one)
☐ BITTING ☑ KEYSET ☐ ALTERNATE	☐ VISUAL ☑ CONCEALED
☐ LESS LOGO	

P.O. #* : 123456789

Section 9: Packing Instruction s for Keys Produced with Product

When ordered as CMK, keys will be packed and shipped separately from product at no charge.

☐ Pack Keys with Product (Standard) ☑ Pack Keys Separately - See Price Book for charges

Section 10: Shipping Instructions for Change Keys

Name: John Doe Address: 17901 Railroad St

Att To: _____ City: City of Industry State: CA Zip Code: 91746

Section 11: Shipping Instructions for Any Level Master Keys

(Includes GGGM, GGM, GM, Masters, Sub Masters, Control, and Emergency Keys).

Name: John Doe Address: 17901 Railroad St

Att To: _____ City: City of Industry State: CA Zip Code: 91746

Section 12: Shipping Instructions for Construction Master Keys (MK'ed or TEMPs)

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 13: Shipping Instructions for Keyblanks

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 14: Shipping Instructions for Cores

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 15: Packing Instructions for Keys Produced with Product

When ordered as CMK, keys will be packed and shipped separately from product at no charge.

☐ Include Keysets that were ordered with product on this P.O.

☐ Expanded bitting list. See Price Book for additional charges (please provide requirements): _____

☐ Excel (via Email) ☑ PDF (via Email) ☐ Paper (via UPS)

E-mail: FirstLast@email.com Att To: _____

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip Code: _____

Section 16: Contact Information for Individual Completing this Form

Name: John Doe Phone: (000) 111-2222 E-mail: FirstLast@Email.com

TownSteel

PERFECTION IN PROTECTION

17901 Railroad Street
City of Industry, CA
91748

877-858-0888
info@townsteel.com

townsteel.com