

Library of Code, Inc.

Board of Governors

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KEYHOLDER DESIGNATION REQUEST FORM

SECTION 1: REQUESTOR INFORMATION

(To be completed by department director or authorized personnel)

Department Name: _____

Requestor Name: _____

Requestor Title: _____

Date of Request: _____

Contact Email: _____

SECTION 2: PROPOSED KEYHOLDER INFORMATION

Full Name: _____

Position/Title: _____

Department/Division: _____

Email Address: _____

Keyholder Role Justification: *(Explain why this individual requires Keyholder status and how it aligns with their responsibilities. Please be specific.*

SECTION 3: AUTHORITY & LIMITATIONS

Scope of Signing Authority: *(Check all that apply)*

- o Approval of department-specific contracts/agreements
- o Financial transactions
- o Operational decisions within assigned scope
- o Legal contract entry
- o Other *(please specify)*: _____

Restrictions or Special Conditions *(if any)*:

SECTION 4: ACKNOWLEDGEMENT AND CERTIFICATION

I, the undersigned, acknowledge and confirm that the above-named individual is being designated as a Keyholder in accordance with the *Resolution to Establish Keyholders and Signing Authority Framework*, subject to approval by the Executive Committee of the Board of Governors. I certify that the individual understands their responsibilities and limitations under this designation.

Requestor Signature:

 X

Proposed Keyholder Signature:

 X

Date: _____

Date: _____

SECTION 5: EXECUTIVE COMMITTEE CERTIFICATION

(To be completed by the Executive Committee of the Board of Governors)

- o Approved / *The proposed Keyholder designation is hereby approved.*
- o Denied / *The proposed Keyholder designation is rejected.*

Comments/Conditions for Approval:

Executive Committee Representative Signature:

X _____

Title: _____

Date: _____

SECTION 6: OFFICIAL RECORD

(To be completed by the Board Secretary or designee)

Certification Received: [] Yes [] No

Date of Certification: _____

Keyholder Added to Official Record: [] Yes [] No

Recorded by (Name & Signature):

SUBMISSION INSTRUCTIONS:

1. Complete this form and obtain necessary signatures.
2. Submit the completed form to the Board of Governors via email at board@libraryofcode.org
3. The Executive Committee will forward a copy of this document after certification.
4. Retain a copy of the certified approved form for department records.