

Note: Each office must use as many copies of this form as necessary to record all keys — this is page _____ of _____.

Office Name				ZIP Code		Today's Date	
Pre-filled Information			Sign-Out Section (Remove Keys)		Sign-In Section (Return Keys)		
	Route Number (C000, R000)	Serial Number	Carrier Name (Print Name — First, Last)	Carrier Signature	Carrier Signature	Clerk/Management Name (Print Name — First, Last)	
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2							
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20							
			Sign-Out Clerk/Management (Print Name — First, Last)		Certification Management (Print Name — First, Last)		
			Sign-Out Clerk/Management (Signature)		Certification Management (Signature)		
Carrier: By signing the respective lines above corresponding to Route Number and Serial Number, I hereby acknowledge that I have completely read the latest Service Talk on Arrow Keys and that I fully understand my responsibilities for usage, safety, and accountability of Arrow Keys.			Sign-Out Clerk/Management: By signing the respective lines above corresponding to the Clerk Sign-Out and Clerk Sign-In sections, I hereby acknowledge that the information on this form is accurate and that the Arrow Keys listed on this form have been accounted for.			Certification Management: By signing the respective lines above corresponding to Management Certification, I hereby certify that all Arrow Keys have been safely returned and accounted for, and that the guidelines for Arrow Keys as outlined in Handbook M-39, Handbook M-41, and the <i>Postal Operations Manual</i> (POM) have been met.	