ARIZONA DEPARTMENT OF ADMINISTRATION

General Services Division
100 N. 15TH Avenue, Suite 100, Phoenix, AZ   85007
(602) 542-4502. adbadge@azdoa.gov

MEDIA

STATE ACCESS OR ID CARD REQUEST FORM

BADGE TYPE NEW X LOST STOLEN ☐ BROKEN ☐ ACCESS ONLY ☐	EMPLOYEE TYPE: STATE EMPLOYEE TEMP EMPLOYEE ☐ INTERN ☐ VENDOR ☐ CONTRACTOR ☐ **MEDIA** **X**	HAVE YOU PREVIOUSLY WORKED FOR ANOTHER AGENCY? YES ☐ NO X IF YES, WHICH ONE?	CARD NUMBER ASSIGNED (badging office will provide number):

LEGAL NAME Last, First, Middle (NO INITIALS) Please print legibly	EIN Number	Birthday (MM/DD)
Agency/Division (DO NOT USE ACRONYMS)	Agency Address 1700 W. WASHINGTON	Work Telephone Number Ext.:
Driver's License Number or State ID Number (vendor, contractors only)	If employee is a vendor or contractor, please provide company name and address:	

THIS SECTION TO BE FILLED OUT BY PERSON WITH AUTHORIZING AUTHORITY

ACCESS LEVEL AUTHORIZED : *MUST BE FILLED IN OR NO ACCESS WILL BE GIVEN*

Access Level Name(s): **391,** _____

Garage Name (s):   _____

Robert Robles / Security Supervisor
<u>Authorized Person's Name (PRINTED)</u>   *Authorized Person's Signature*

Phone # / Ext. :(602) 926-3407

I hereby certify that the information on this form is correct.

I will notify the state Badging Office at (602) 542-4502 Phoenix / (520) 628-6928 Tucson promptly of any change to the information on this form.

I understand that if my CARD is LOST, it is my responsibility to notify the State Badging Office IMMEDIATELY.

I understand that the CARD is for my use and is not transferable.

I understand that the activities on my CARD ARE TRACEABLE.

I will return the CARD to my supervisor as soon as my duties no longer require the use of this card or if I leave State service.

MUST SHOW VALID PICTURE IDENTIFICATION

Employee Signature   *Date*