**DOC Photo ID Card Application Form:**

**Full Name**: **Employee ID Number**:

**Job Title**: **Duty / Work Location**:

**Employer**: (If not DOC.)

**Issue Reason**: (Check one.)

First Issue  Name Change  Job Title Change  ID Expired

Replacing Lost ID  Replacing Stolen ID  Replacing Damaged ID

**Employment Status**: (Check one.)

DOC Employee  Contractor  VIP Volunteer  Chaplain / Clergy

Volunteer  Retiree  Other:

**Security Status**: (Check one.)

High  Intermediate  Limited  None

**Qualifications**: (Check all that apply.)

Firearms  IPO  PTO  SORT

**Multiple Cards**:

No  Yes

**Expiration Date**: (Check one.)

5 years  None (Retiree cards only.)

**Applicant Photo ID Card Responsibility**:

I understand that it is my responsibility to protect the use of the issued ID Card and assure it will only be used in the performance of DOC business or in a manner authorized by the Department. I understand the ID Card is for my use and my use only and if I lend my ID Card to anyone or allow anyone the use of my ID Card, I will be subject to corrective action. If the ID Card is lost, stolen or damaged, I shall immediately report its loss to my supervisor (or DOC contact) and request a replacement ID Card. At the time of separation of employment or the end of my service the ID Card must be surrendered.

Applicant Signature: Printed Name: Date:

Card #: Issue Date: Issuer Title:

Issuer Printed Name & Signature:

**Distribution:**

Original: Issuing Officer. Copy: Applicant Supervisory File. Copy: Applicant Field Personnel File.