**DOC Photo ID Card Loss / Theft / Damage Form:**

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

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

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

[ ]  ID Card Lost [ ]  ID Card Stolen [ ]  ID Card Damaged

**Photo ID Card #, If Known:**  **Date Of Loss / Theft / Damage**:

**Details Of Lost / Stolen / Damaged ID Card, If Known**:

**Employment Status**: (DOC Employee, Contractor, Volunteer, Chaplain, Etc.)

**Security Status**: (High, Intermediate, Limited or None.)

**Qualifications**: (Firearms, IPO, PTO, SORT.)

**Loss / Theft / Damage Details**:

**Place Of Loss / Theft / Damage**:

**Circumstances Of Loss / Theft / Damage**:

**Lost / Stolen / Damaged ID Card Statement**:

By my signature below I confirm that the information given above is accurate and correct to the best of my knowledge. I understand that the circumstances under which my photo ID card was lost / stolen / damaged may be investigated by the Department and that I may ultimately be asked to pay for the cost of a replacement photo ID card. If at any time in the future the photo ID card is found / recovered I will report it to my supervisor (or DOC contact) and return the photo ID card.

Reporter Signature: Printed Name: Date:

ID Card #: If Damaged, Will ID Card Be Destroyed: [ ]  Yes [ ]  No

Custodian / Issuing Officer Printed Name:

Custodian / Issuing Officer Signature:

Custodian / Issuing Officer Title:

**Distribution:**

Original: Employee Supervisory File. Copy: Card Issuing Officer. Copy: Employee Personnel File. Copy: Duty Station.