**DOC Badge Application Form:**

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

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

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

First Issue  Job Title Change  Replace Lost Badge

Replace Stolen Badge  Replace Damaged Badge

**Badge Type**: (Check one.)

Officer  Sergeant  Lieutenant  Asst. Superintendent

Superintendent  Special Asst.  Probation Off.  Probation Supv.

Pretrial Officer  Investigator  Director  Deputy Director

Retiree  Other:

**Multiple Badges**:  No  Yes (Also see badge #: )

**Multiple Badge Approval**: (For employee receiving 2 badges.)

Approver Signature: Date:

Approver Printed Name: Approver Title:

**Applicant Badge Responsibility**:

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

**Oath Of Office**: (To be administered by the Badge Custodian / Issuing Officer.)

“I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Alaska, and that I will faithfully discharge my duties as a [*see job title above*] with the Department of Corrections to the best of my ability.”

Applicant Signature: Printed Name: Date:

Badge #: Issue Date: Issue Place:

Issuer Printed Name & Signature:

Issuer Title:

**Distribution:**

Original: Badge Custodian / Issuing Officer. Copy: DOC Training Academy (doc.trainingfiles@alaska.gov).

Copy: Institution. Copy: Duty Station. Copy: Field Personnel File.