**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.