**CREDENTIAL AND ACCESS REQUEST**
State Form 52044 (R6 / 11-16)

INSTRUCTIONS: 1. Photo identification (i.e. driver's license) is required to receive an access card.
2. Information identified with an asterisk ( * ) is required. Any individual that does not provide the correct information required will be denied an access card.

## APPLICANT INFORMATION

| Date *(month, day, year)* * | Identification number of the applicant * *(PeopleSoft ID or driver's license number)* | Name of applicant *(last, first, middle initial)* * |
|---|---|---|

| Name of agency * | Agency number * | Name of department / division * | Office address * |
|---|---|---|---|

## REQUEST

☐ New card  ☐ Lost / stolen card  ☐ Access change  ☐ Name change  ☐ Agency change  ☐ Damaged card  ☐ Card renewal

| TYPE OF APPLICANT: ☐ Employee  ☐ Contractor  ☐ Volunteer  ☐ Intern | Date of card expiration *(month, day, year)* |
|---|---|

Name of company / school

## ACCESS

| Standard Government Center perimeter access ☐ Monday thru Friday 6:00 AM to 6:00 PM | Special Government Center perimeter access *(Requires signature of Commissioner or designee.)* ** ☐ 24 hours / 7 days a week | Should parking access be allowed? ☐ Yes  ☐ No |
|---|---|---|

| Signature of Commissioner or designee ** | Printed name of Commissioner or designee ** | Date of signature *(month, day, year)* * |
|---|---|---|

| Signature of supervisor * | Printed name of supervisor * | Date of signature *(month, day, year)* * |
|---|---|---|

## APPLICANT RESPONSIBILITIES

I understand that I am personally responsible for the card issued to me, and I will take reasonable steps to prevent its misuse, loss, theft and / or damage. The card is for my use only and can not be given to others. If the card is stolen, lost or damaged, I will be charged for another card at the current replacement cost. I will immediately notify the State of Indiana, Department of Administration, Access Control Office at (317) 234-3875, when I discover that the card is missing, damaged, or when any of the above information changes.

| Signature of applicant * | E-mail address of applicant * | Telephone number of applicant * ( ) | Date of signature *(month, day, year)* * |
|---|---|---|---|

## ACCESS CONTROL OFFICE USE ONLY

Was photo identification checked? ☐ Yes  ☐ No    Type of photo identification used: ☐ Driver's license  ☐ Passport  ☐ Other *(specify)* _____

| Badge number issued | Date of action *(month, day, year)* | Completed by: |
|---|---|---|