1. **AGENCY INFORMATION: Rev. 3 - 12/10/2018**

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| **BUILDING COORDINATOR:** | Click or tap here to enter | **REQUEST DATE** | Click or tap to enter a date. |
| **DEPARTMENT – DIVISION:** | Click or tap here to enter | **BUILDING NAME** | Click or tap here to enter |
| **MSC# and Zip Only:** | Click or tap here to enter | **TELEPHONE #** | Click or tap here to enter |

1. **SELECT PAYMENT OPTION:**

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|[ ]  **SEND INVOICE TO REQUESTING AGENCY** | **COMPANY & CENTER NUMBER** | Click or tap here to enter # |

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| **PAYMENT BY EMPLOYEE (CHECK MADE PAYABLE TO DOA OR EXACT CHANGE REQUIRED)** |

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| --- |
| **DATE:** |

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| **CHECK #:** |

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| **RECEIPT #:** |

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|  **3. COMPLETE THIS PORTION FOR EACH PERSON. (Pictures over 5 years old must be updated)** |

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| **REASON FOR REQUEST:**  | **EXPLANATION** Click or tap here to enter text |
| [ ]  **BROKEN** [ ]  **LOST** [ ]  **STOPPED WORKING** [ ]  **RETURN TO WORK** [ ]  **NEW HIRE** [ ]  **AGENCY CHANGE** [ ]  **NAME CHANGE** |

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| **FIRST:** Enter first name | **MIDDLE INITIAL:** Click | **LAST NAME:** Click to enter last name |

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| **DEPARTMENT: NO ABBREVIATIONS** | Click or tap here to enter Department. |
| **DIVISION: NO ABBREVIATIONS** | Click or tap here to enter Division. |
| **DRIVER’S LICENSE # LAST (4) ONLY:** | Click or tap here to enter License – Last 4 digits only. |
| **PHONE NUMBER WITH AREA CODE:** | Click or tap here to enter Phone. |
| **EMPLOYEE START DATE: \* required\*** | Click or tap to enter a start date. |

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| **REGULAR DAY ACCESS 6:30 AM TO 6:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS**  |

 |  |[ ]  **PERMANENT EMPLOYEE** |
|[ ]

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| **EXTENDED DAY ACCESS 6:30 AM TO 10:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS**  |

 |  |[ ]  **TEMPORARY EMPLOYEE** |
|[ ]

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| **UNLIMITED ACCESS - 24 HOURS A DAY, 7 DAYS A WEEK, INCLUDES HOLIDAYS**  |

 |  |[ ]  **BOARD OR COMMISSION MEMBER** |
| [ ]  |

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| **ACCESS CARD EXPIRATION DATE:**  |

 **\*REQUIRED FOR: Temps, Interns and Contractors\***  |

 |  |[ ]  **CONTRACTOR \*requires picture\*** |
|  | Click or tap to enter an expiration date. |  |[ ]  **INTERN** |

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| **ACCESS NEEDED:** | Click or tap here to enter text. State circumstances, be as specific as possible |
| **ADDITIONAL INSTRUCTIONS:** | I.D. purposes only, Field office locations, badge expiration date, etc Add any information we may need to assist you in getting the best results. |

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| **4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM TO:** security.systems@doa.nc.gov**5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD.** **6. GO TO** <https://ncadmin.nc.gov/about-doa/divisions/facility-management>  **for additional guidelines and information.**  |

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| **SIGNATURE: DATE:** |

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| **CONTACTED:** |  |  | **APPOINTMENT:** |  |
| **WORK ORDER NUMBER:** |  |  | **MATCH NUMBER:** |  |
| **COMPLETED BY:** |  | **MAN HOURS:** | **COMPLETION DATE:** |  |
| **PROX CARD** | **LANYARD CLIP COMBO** | **CLIP ONLY** | **LANYARD ONLY** | **MINI-PROX DISC** |
|  **#9201** |  **#9913** |  **#9192** |  **#9190** |  **#9221** |