



# CREDENTIAL AND ACCESS REQUEST

State Form 52044 (R3 / 4-13)

<b>DEPARTMENT OF ADMINISTRATION ACCESS CONTROL OFFICE</b> 402 West Washington Street, Room W036 Indianapolis, IN 46204 Telephone: (317) 234-3875
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- 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		
<input type="checkbox"/> New card <input type="checkbox"/> Lost / stolen card <input type="checkbox"/> Access change <input type="checkbox"/> Replacement card (name change, agency change, or damaged card) <input type="checkbox"/> Card renewal		
TYPE OF APPLICANT: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Media		Date of card expiration (month, day, year)
Name of company / school		
ACCESS		
Standard access	Special access (times listed below require signature of Commissioner or their designee) **	Should parking access be allowed?
<input type="checkbox"/> Monday thru Friday 6:00 AM to 6:00 PM	<input type="checkbox"/> Monday - Friday 3:00 PM to 3:00 AM <input type="checkbox"/> Monday - Friday 12:00 AM to 12:00 PM <input type="checkbox"/> 24 hours / 7 days a week	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Commissioner or designee **	Printed name of Commissioner or designee **	Telephone number of Commissioner or designee ** (      )
Signature of supervisor *	Printed name of supervisor *	Telephone number of supervisor * (      )
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. <b>If the card is stolen, lost or damaged, I will be charged for another card at the current replacement cost.</b> 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 *	Telephone number of applicant * (      )	Date of signature (month, day, year) *

ACCESS CONTROL OFFICE USE ONLY		
Was photo identification checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of photo identification used: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other (specify)	
Number of identification card	Date of action (month, day, year)	Completed by