



Identification and Building Access Card Application Non-State Employee

All non-state employees who provide services or work in a building at the Capitol Complex are required to submit this application. This information will be used as a basis for issuance of a security clearance and suitability determination. Your Social Security Number may be requested to exclude potentially derogatory information. Information contained herein is authorized by Sections 2.2-3803, 15.2-1722, and 30-34.2:1 of the Code of Virginia.

Contractors must submit this form, with the first page completed, to the Access Card Coordinator at the agency they will be working for. Contact information for Access Card Coordinators can be found on the DGS website (www.dgs.virginia.gov/parking). *Handwritten forms are not accepted.* For security purposes, please send form encrypted.

PART 1: COMPANY'S INFORMATION			
Company Name:			
Name of Contact at Company:		Phone:	
Fax:	Email:		
Employer Identification Number / Federal Tax Identification Number:			
PART 2: APPLICANT'S INFORMATION			
First Name: <i>(legal name)</i>		Middle Name:	
Last Name:		Suffix:	
Position Title:			
Phone:		Email:	
Date of Birth: <i>(mm/dd/yyyy)</i>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Driver's License Number:		State Issuing the License:	

By providing your signature below you agree that the information you have provided is accurate. Any false information submitted will be grounds for denial/revocation of any clearances issued and/or prosecution under state law. I agree that I will:

- Safeguard the card and not allow it to be used by anyone else;
- Illegal possession of cards will be prosecuted under all applicable state laws;
- Notify the Agency Coordinator immediately if the card is lost or stolen;
- Pay the \$15.00 fee if my card needs to be replaced;
- Return the card to the Agency Coordinator immediately upon termination of my employment;
- Wear the card at chest level on my outermost garment and in clear view.

Signature of Applicant:	Date:
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OFFICE USE ONLY

Badge #:	DCP Date:	EXP Date:	Completed Date:	Initials:
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Applicant's First & Last Name: _____

This request must be received by DGS at least five working days prior to commencement of work.

Part 3: AGENCY CARD COORDINATOR COMPLETES			
Coordinator's Name:		Phone:	
Agency:			
Division/Sub-unit:			
Start/Effective Date:		Termination/Expiration Date: <i>(maximum is one year)</i>	
Check the Appropriate Action: <input type="checkbox"/> Access Change <i>(new card not issued)</i> <input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal			
Replace Card Because: <input type="checkbox"/> Broken <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Name Change			
Building Number	Access Group	Access Level	
		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> No Access, ID Card Only <i>(don't fill in Access Group)</i>
		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> No Access, ID Card Only <i>(don't fill in Access Group)</i>
		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> No Access, ID Card Only <i>(don't fill in Access Group)</i>
		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> No Access, ID Card Only <i>(don't fill in Access Group)</i>

Building Number: Look-up on the Parking Services and Building Access Section website

Access Group: Contact the Parking Services and Building Access Section to request appropriate codes for your office area(s)

Access Level:

Level	Hours	Days
I	6:30 a.m. – 6:00 p.m.	Monday-Friday (No Holidays)
II	24 Hours	Monday-Friday (No Holidays)
III	24 Hours	365 Days a Year

Signature of Agency Supervisor:	Printed Name:	Date:
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Signature of Agency Head or Designee: <i>(Designees must be on file with DGS)</i>	Printed Name:	Date:
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