



CREDENTIAL AND ACCESS REQUEST

State Form 52044 (R6 / 11-16)

**DEPARTMENT OF ADMINISTRATION
ACCESS CONTROL OFFICE**
 Indiana Government Center South
 302 West Washington Street, Room E130
 Indianapolis, IN 46204
 Telephone: (317) 234-3875
 E-mail: aco@idoa.in.gov

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"/> Name change
<input type="checkbox"/> Agency change	<input type="checkbox"/> 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			Date of card expiration (month, day, year)
Name of company / school			
ACCESS			
Standard Government Center perimeter access <input type="checkbox"/> Monday thru Friday 6:00 AM to 6:00 PM		Special Government Center perimeter access (Requires signature of Commissioner or designee.) ** <input type="checkbox"/> 24 hours / 7 days a week	Should parking access be allowed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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) _____		
Badge number issued	Date of action (month, day, year)	Completed by: