



**STATE OF CONNECTICUT**  
**DEPARTMENT OF ADMINISTRATIVE SERVICES**  
**Statewide Security Unit**

**Picture Identification, Electronic Access Card-Key & Parking Hang-Tag Request Form**

**PLEASE PRINT CLEARLY - Only fill out the sections relevant to the request/s being made.** Application will not be processed unless it is legible, fully completed and APPROVED / SIGNED by YOUR agency Human Resources Representative or Authorized Agency Liaison. A current driver's license or another acceptable form of picture identification must be presented in order to have your credentials made. **Modified or altered Request Forms will not be accepted.**

<b>REASON FOR REQUEST</b>	<b>TYPE OF REQUEST</b> (check one) – Please Note: Card expiration dates are set from date of issue as follows - 4-5 years for permanent state employees. 1 Year (maximum) for all new employees and non-state employees such as consultants, vendors, temps and interns.			
	(Check all that apply):			
	<b>PICTURE IDENTIFICATION</b>	<b>PARKING HANG-TAG</b>	<b>ACCESS CARD</b>	
	NEW ISSUE	REPLACEMENT, original was;	LOST	EXPIRED (Id Only) OTHER: _____

<b>APPLICANT / EMPLOYEE INFORMATION</b>	Last Name: _____		First Name & Middle Initial: _____		
	Employee Title: _____			Work Telephone Number: _____	
	Date of Birth: _____	Height: _____	Eye Color: _____	Hair Color: _____	
	State Employee;	Employment Status;	Permanent Employee	Temp. / Durational – Exp. Date: _____	
	Non-State Employee;	Temp/Intern; Exp. Date: _____	State Board Member; Exp Date _____		
	Property Management;	Contract Security	Consultant / Contractor / Vendor / Other; Exp. Date: _____		
	Supervisor's Name: _____		Supervisor's Tel. No: _____		

<b>AGENCY / VENDOR INFORMATION</b>	Agency / Vendor Name : _____		Address: _____	
	Name of Agency Division / Area Office / Facility / Board: _____			
	Central Office	Name of Area / Regional Office: _____	Facility – Name: _____	

<b>PICTURE IDENTIFICATION REQUEST</b>	<b>PLEASE READ ACKNOWLEDGEMENTS (Initial Boxes)</b>			
	<input type="checkbox"/>	Employee acknowledges that if the ID is broken, damaged, lost, misplaced or stolen, they will immediately notify the Human Resources Department for a replacement to be issued. There is a \$10 replacement fee on "Lost" picture identification badge.		
	<input type="checkbox"/>	Picture Id must be worn where its clearly visible while in any State of Connecticut owned/leased property.		

<b>ACCESS CONTROL CARDKEY REQUEST</b>	<b>ASSIGNED CLEARANCE CODES / CLEARANCE LEVELS</b>		<b>CARD 1 #</b> _____	<b>REPLACEMENT CARD #</b> _____
	1. _____	3. _____	5. _____	7. _____
	2. _____	4. _____	6. _____	8. _____

<b>PARKING PERMIT / FLEET VEHICLE REQUEST</b>	<b>PRIMARY VEH: Plate #:</b> _____ <b>Hang Tag #</b> _____		<b>SECONDARY VEHICLE: Plate #:</b> _____	
	Year: _____ Color: _____		Year: _____ Color: _____	
	Make: _____ Model: _____		Make: _____ Model: _____	
	Vehicle registered to: _____		Vehicle registered to: _____	
	Is this a Fleet Vehicle: Yes No Parking Location: _____			

The Department of Administrative Services reserves the right to assign or reassign parking as conditions warrant.

<b>HUMAN RESOURCES / AUTHORIZED LIAISON</b>	<b>This application must be APPROVED by the agency's Human Resources or an Authorized Liaison.</b>			
	<b>H.R. / Liaison Print Name:</b> _____		<b>Date:</b> _____	
	<b>H.R. / Liaison Signature:</b> _____		<b>Telephone #:</b> _____	
	Human Resources signature verifies that the above named individual requesting a Picture Identification Card, Access Card or Parking Hang Tag is currently a State employee or is not a State employee but requires the above mentioned badges for use at the specified Agency as noted above. Note: a new Picture Identification Request form and/or Access Card Request form must be filled out for all replacement IDs requested.			

<b>SIGNATURE OF REQUESTOR / SPECIAL INSTRUCTIONS</b>	Signature of Requestor. _____		Date: _____	
	<b>Special Instructions - Picture ID Distribution Status</b>		<b>Photographer's Use ONLY</b>	
	Distribute Picture Identification to Requestor		Picture ID Exp. Date: _____	
	Hold by Agency Request, send to/pick up by Agency Human Resources		Photographer Initials: _____	

## ACCESS CARDKEY HOLDER ACKNOWLEDGEMENT (READ BEFORE SIGNING)

Upon signing this Electronic Access Cardkey request form and taking possession of the electronic card key, the holder acknowledges that at the time of separation from state service or separation from state agency, he/she is responsible for returning the electronic cardkey to his/her supervisor, agency personnel department or security department. The Electronic Cardkey is not to be "loaned out" or "borrowed by anyone" and will remain State owned property that is specifically assigned to you and you are solely responsible for it. Access cardholders are not to allow anyone to "Piggyback" at any time when using their access card to enter the building or any restricted areas. Allowing unauthorized individuals to "piggyback" into secured areas can result in an unsafe workplace and tangible losses such as thefts, etc.

If the electronic cardkey is lost, stolen, broken or deliberately damaged the employee shall immediately notify his/her Agency Access Control Liaison or Personnel Department for immediate deactivation of the cardkey, and to request that a replacement be issued. Please know there is a fee of \$10.00 charged for the replacement of a lost access cardkey.

Checks are to be made out to the "**Treasurer State of Connecticut**" and forwarded for deposit to the DAS Statewide Security Unit, 450 Columbus Blvd., Plaza Suite 10, Hartford, CT 06103.

Cash (exact change) payments are accepted at the DAS Accounts Receivable Office, 450 Columbus Blvd., Hartford, CT. To make arrangements please call either 860-713-5767 or 860-713-5132.

Prior to replacing a lost card a copy of the receipt or check must be presented either in person or sent to Statewide Security via fax or pdf scan.

Prior to replacing a defective card the defective card must be either presented to Statewide Security or a copy of the card clearly showing the card number must be sent to Statewide Security via fax or pdf scan.

**Note** – A "Temporary Use" or "Daily Use" access cardkey will not be provided if your cardkey is misplaced or left at home. Possession of this electronic access cardkey alone does not authorize you to enter the premises after-hours without a burglar alarm system password. For after-hours building entry, in addition to this electronic access card, you must also have a burglar alarm system password. Employees are not to call the DAS Statewide Security Unit directly for programming or disabling of access cardkeys. Any requests, questions or concerns regarding access cardkeys must be referred to the employee's Agency Access Control Liaison for resolution.

### **Department of Revenue Services (DRS employees or agents ONLY)**

As an employee or agent of the Connecticut Department of Revenue Services, you may come in contact with State and/or Federal tax returns and tax return information. All tax information in whatever form is strictly confidential and may not be disclosed by any current or former employee of this department. Unauthorized disclosure of any Federal or State tax information may result in dismissal, criminal prosecution and civil suit as prescribed by Federal and State Statutes. (Connecticut General Statutes 12-15 and 7213 (a), 7431 of the Internal Revenue Code)

If there is any doubt as to what information can be furnished even when person represents himself/herself as the taxpayer, your supervisor should be consulted.

I have read the above portion and understand that this is a condition of employment in this department.

### **Acknowledgement of DAS Parking Rules**

I have read and agree to abide by the document entitled "Rules for DAS – Provided Parking Areas."

\_\_\_\_\_  
Signature Acknowledging Receipt of Electronic Card Key & Acknowledgement Understood

\_\_\_\_\_  
Date