



STATE OF CONNECTICUT  
 DAS Statewide Security Unit  
**Electronic Cardkey Request Form**  
**Standard Version**

<b>FOR OFFICE USE ONLY</b>	
Cardkey #:	_____
Replacement #1	_____
Replacement #2	_____

**REQUESTING ENTITY** (CHECK ONE – PLEASE PRINT CLEARLY)

<input type="checkbox"/>	State Agency (Name) and (Address): _____
<input type="checkbox"/>	Property Management Company (Name): _____
	Property Management Company (Site Address): _____

**REASON FOR REQUEST**

<input type="checkbox"/>	State Employee (New Hire)	<input type="checkbox"/>	Fleet Vehicle	<u>Company Name</u>
<input type="checkbox"/>	State Employee (Existing 1 <sup>st</sup> issue)	<input type="checkbox"/>	Contract Cleaning	_____
<input type="checkbox"/>	State Employee (Replacement Card)	<input type="checkbox"/>	Contract Security	_____
<input type="checkbox"/>	Intern	<input type="checkbox"/>	Contractor	_____
<input type="checkbox"/>	Temp	<input type="checkbox"/>	Vendor	_____
<input type="checkbox"/>	Property Management	<input type="checkbox"/>	Other	_____

**REPLACEMENT CARD**

Lost Card                       Broken Card                       Malfunctioning Card                       Stolen Card

*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.*

**CARD HOLDER INFORMATION**

Last Name: _____	First Name: _____
Employee Title: _____	Telephone #: _____
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Part time <input type="checkbox"/> Temp/Intern/Consultant:	Exp. Date: _____

**FLEET VEHICLE INFORMATION**

Vehicle Year _____	Equipment Number _____
Make _____	Parking Location _____
Model _____	
Plate Number _____	

*Please note cards assigned to fleet vehicles will only be programmed for surface lot and garage access. Cards **WILL NOT** be programmed for **ANY** building access.*

**CLEARANCE CODES/LEVELS ASSIGNED**

1. _____	3. _____	5. _____	7. _____
2. _____	4. _____	6. _____	8. _____
_____		_____	

Authorized Liaison/Supervisor (Print Name)

Authorized Liaison/Supervisor (Signature)

Date

**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. 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, Plaza Suite 10, 450 Columbus Blvd, 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 in either 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 Agency Access Control Liaison for resolution.

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

\_\_\_\_\_  
Date

**DAS STATEWIDE SECURITY UNIT USE ONLY**

Date request received: \_\_\_\_\_ Date Cardkey Programmed: \_\_\_\_\_ Card key Programmed by: \_\_\_\_\_  
Responded to Requestor by;  Telephone  Email  Fax  Hand Pickup  Hand Delivery  Mail

REV 02-07-2017 Form SSU-ECRF