



CREDENTIAL AND ACCESS REQUEST

State Form 52044 (R3 / 4-13)

DEPARTMENT OF ADMINISTRATION
ACCESS CONTROL OFFICE
402 West Washington Street, Room W036
Indianapolis, IN 46204
Telephone: (317) 234-3875

- 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) *	Name of applicant (last, first, middle initial) *
Identification number of the applicant * (PeopleSoft ID or driver's license number)	Office address *
Name of agency *	Name of department / division *
Agency number *	
REQUEST	
<input type="checkbox"/> New card	<input type="checkbox"/> Replacement card (name change, agency change, or damaged card)
<input type="checkbox"/> Lost / stolen card	<input type="checkbox"/> Access change
<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern
<input type="checkbox"/> Media	<input type="checkbox"/> Card renewal
TYPE OF APPLICANT:	Date of card expiration (month, day, year)
Name of company / school	
ACCESS	
Standard access	Should parking access be allowed?
<input type="checkbox"/> Monday thru Friday 6:00 AM to 6:00 PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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"/> Monday - Friday 3:00 PM to 3:00 AM	<input type="checkbox"/> 24 hours / 7 days a week
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. 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 *	Date of signature (month, day, year) *
	Telephone number of applicant * ()
	<i>Email address</i>
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