

Division of Building Authority - Access Key Card Request

July 2015

Section 1: Card Holder Information

Last Name: _____ First Name: _____ MI: _____

Agency: _____ Department: _____

Phone Number: _____ Email Address: _____

Check all that apply: State Employee New Card Replacement Card
 Inoperable Card Delete Card Holder Change Access Level Lost Card
 Contractor / Vendor Issue Temporary Card Card Return Reassignment

Building Requiring Access: _____ Access Level: _____

Current or Returned

Card Number: _____ Date: _____

My signature below certifies that I agree that it is my responsibility to immediately notify my Supervisor in the event the card is lost or stolen. I agree that it is my responsibility to return the card to my Supervisor once the card is no longer needed. I will not share or loan the card key to anyone. I agree that a \$15 dollars non-refundable fee may be invoiced against me or my agency as a replacement cost for any lost, stolen or unreturned cards. When entering a building or area it is my responsibility to not let other individuals into a building/area unless I am certain they have authorization to enter.

Card Holder's Signature: _____

Section 2: Supervisor / Manager Approval

Last Name: _____ First Name: _____ MI: _____

Agency: _____ Title: _____

Phone Number: _____ Email Address: _____

My signature below certifies that I have the authority to request and distribute card keys on behalf of my agency. I understand DBA reserves the right to deny this request. I agree that it is my responsibility to immediately notify DBA in the event the card is lost or stolen. I agree that it is my responsibility to return the card to DBA once the card is no longer needed. This includes all cards assigned to individuals and/or entities. I will instruct the card holder that it is forbidden to share or loan the card key to anyone. I agree that a \$15 dollars non-refundable fee may be invoiced against my agency as a replacement cost for any lost, stolen or unreturned cards. To reassign a card I will immediately notify DBA to delete the current card holder and I will retain the card for reassignment. Furthermore a \$15 non-refundable fee is required prior to issuance of cards to individuals who are neither state officials or employees nor building tenants. My agency is ultimately responsible for any and all actions as a result of issuing a card key to the aforementioned individual.

Supervisor / Manager

Signature: _____ Date: _____

Section 3: Division of Building Authority Use Only

Assigned Access _____ Date _____ Key Card Action
Card #: _____ Assigned: _____ Logged: Yes
Cash or Check
Received: Yes No Amount: _____ Check Number: _____
Processed By
(print): _____ Signature: _____