

## **Government of the District of Columbia**

## **Department of Real Estate Services**

Protective Services Division



## **EMPLOYEE REPLACEMENT ID CREDENTIAL REQUEST FORM**

Date:					
Personal Information	on				
Name:		Agency:			
Old Badge ID:					
last 5 digits of the 9-d	rip badge, your badge ID is the 5-digit nur ligit number in the lower-right corner starti er right-hand corner of the back of the bac	ng with "010". For badges wit			
Appointment Status	S Career Employee	☐Term Employee	Tempor	ary Employee (12 months or les	
Replacement Inforr	mation				
original card must be	reason for needing a new card. For dam presented with this form. If the original coe report and could incur a fee at a later day.	ard cannot be presented for a	any reason, it will	be treated as a lost card,	
Reason:	Lost Stolen Damaged	☐ Information Changed	Expiring	Expired	
Explanation:					
police department or the D.C.	y the Protective Services Division immedia  Metropolitan Police Department by callir the police report or list the Police Departm  Report/CCN #:	ng 311 or the Metro Transit Po	olice by calling (2 r below.		
If the card is used for	electronic access rights, your current A	Agency Access Rights Coo	rdinator must si	gn this form.	
Agency Access Rigi	If the card is used for electronic access rights, your current Agency Access Rights Coordinator:		Phone:		
Signature:			Date (DD/MM/YY):		
Agency Change:					
	agencies, you must first return your old n here acknowledging return of the ID o				
Previous Agency HF	R Official:	Р	hone:		
Signature:		[	Date (DD/MM/Y	Y):	
REPLACEMENT CA	ARD AUTHORIZATION (REC				
Current Agency HR		Phone:			
Signature:		ſ	Date (DD/MM/YY)·		