FairPoint Communications Picture ID Badge Request

Instructions

FairPoint Employees: Requestor fills in ALL the information on this form, obtains an authorizing signature and submits this form to the FairPoint Physical Security Department for that region, either in-person or electronically.

NON FairPoint Employees: Requestor fills in ALL the required information and submits the form to the FairPoint Business Sponsor for authorization. Once authorized, the FairPoint Sponsor will send the form to the FairPoint Physical Security Department for processing. All non-employee ID badges will be issued to the FairPoint Business Sponsor for distribution.

Photographs If this request is not being made in person, a color digital photograph of the ID-subject must accompany the request (Picture must be a head-and shoulders shot taken against a plain, light-colored background - NOT a social photograph).

1. Reason For ID Badge Request	against a plain, light colored sactiground 110 f	
cuson i oi is suage nequest		
☐ Initial Badge ☐ Lost Badge ☐ Otl	her	
Badge Type		
	loyee / Contractor Non-Employee / Collocato non-employee working with color	
2. Badge Wearer Information		
Print Name: (Last, First, MI)	Company Name (non employee)	
FairPoint Location: City, State, Facility	E	mployee Number
and assure it will only be used in the performar Communications. If the ID Badge is lost, stolen business sponsor and apply for a replacement. be surrendered to a FairPoint Communications Badges shall be returned to FairPoint Commun	sibility of the Badge Wearer (name listed above) to prince of FairPoint Communications business or in a mark or destroyed, the Badge Wearer shall immediately report that the time of separation of employment or terminates designee responsible for collecting company assets inications' Physical Security Department.	nner authorized by FairPoint port its loss to his or her supervisor / ion of a contract, the ID Badge must
Signature of User		
3. FairPoint Business Sponsor (FairPoint	nt employee responsible for non employee)	
Name:	Title	
ID Badge Expiration Date (all non-employee the ID is processeed. If contract term is less tha		
Authorization Signature (FairPoint Busin	ness Sponsor, Manager, Director, VP authorizing the II	D Badge to be issued)
Name:	Phone Number	Date
Authorized Signature		
4. Mailing Information - (where card	will be mailed)	
Name:	Title:	
Street	City	
State	Zip	
FOR SECURITY USE Date Received Revised Form: Jan. 2011	Date Processed Date Processed	ate Distributed
Jan. 2011	QV·	ρV·

EMPLOYEE ID BADGE INSTRUCTIONS

SECTION 1 - REASON FOR ID BADGE: Check the reason for completing the application.

SECTION 2 - EMPLOYEE INFORMATION: Employee - Print your name, company name, employee number, and your assigned work location.

SECTION 3 - **APPROVING AUTHORITY:** The direct report manager of the employee or hiring manager shall complete this section. The approving authority shall sign and print their name, date, title, and telephone number.

SECTION 4 - MAILING INFORMATION: Print or type the name, address, and title.

Employees:

Mail, email, or fax this completed and signed application to your FairPoint Approval Manager (section 3) who will authorize the request and forward to FairPoint Physical Security for Processing.

FairPoint Approval
Managers,
Mail, email or fax
applications to Physical
Secuirty for Processing.

FairPoint Communicattions 1 Davis farm Rd. Portland, ME 04103 Attn: Physical Security

physicalsecuirty@fairpoint.com

(207) 797-1391

If you do not receive the ID card within 10 business days, contact FairPoint Security 207-535-4129

Incomplete forms will be returned.