

**STATE OF VERMONT  
DPS EMPLOYEE ID BADGE REQUEST FORM**

**1. Employee Name:**

First:  Initial:  Last:

Business  
Mailing  
Address:

Work Site:

State Employee #:

Department:

Phone Number:

E-Mail:

**2. Card Type:**

**Purpose of Card Request:**  
(Select all that apply)

Adding Access ☐

Deleting Access ☐

New Access Request ☐

**3. Access Information:**

Company:

Hours of Access:

Add Clearance:

Remove Clearance:

**4. Signatures:**

Appointing Authority/Authorized Designee:

☐ Check here if you would like a copy of this form sent back to you.

Phone Number:

Appointing Authority/Authorized Designee  
(If Necessary):

Appointing Authority/Authorized Designee  
(If Necessary):

Appointing Authority/Authorized Designee  
(If Necessary):

**BGS Use Only**

NexWatch Card Number:

Void:

Programmed/Issued By:

☐ DPS Approval

Initials

Comments