Print Form | Submit by E-mail

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

This form is valid for 60 days.