

ALASKA DMVA JOINT FORCE HEADQUARTERS
SECURITY ACCESS PROXIMITY BADGE REQUEST FORM

Badge Holder Information

Last Name: _____ First Name: _____ MI: _____
Unit/Dept. _____
Business Phone: _____ Cell Phone: _____

I am (select one):

Army Guard Air Guard Coast Guard Federal Contractor State Employee
Temporary Visitor Other

Badge Holder Sponsor/Supervisor

Last Name: _____ First Name: _____ MI: _____
Unit/Dept. _____
Business Phone: _____ Cell Phone: _____

Request Controlled Area (Check all that apply)

JFHQ Armory BLDG 49000 CSMS BLDG 49150 FLIGHT OPS BAAF-47437
OMS BLDG 49040 USPFO BLDG 49140 HANGAR 6 BAAF-47432
JANITORIAL MAINTENANCE OTHER

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JANITORIAL

APPROVERS SIGNATURE:

Restricted

Unrestricted

MAINTENANCE

APPROVERS SIGNATURE:

Restricted

Unrestricted

OTHER

APPROVERS SIGNATURE:

Restricted

Unrestricted

Administrative Information

Issuing Individuals
Name:

Badge ID #:

Badge Issue
Date:

Issuing Personnel
Signature:

Badge Holder Agreement & Signature: (Upon receipt of the access badge , I agree to:

1. *Not allow any other person utilize my badge*
2. *Register any visitors I may have with Armory Security Personnel and ensure they remain with me at all times displaying their badge appropriately on their person*
3. *Not allow anyone to "tailgate" or "piggy back" through facility doorways, unless escorting them as a registered visitor*
4. *Not to prop open secure doors for the sake of conveniences*
5. *Notify Armory Security upon a change of position or duty requirement resulting in a necessary change to access*
6. *Return my access badge to the Armory Security Personnel upon permanent departure from the AKOM*
7. *Report the loss/theft of my badge to Armory Security Personnel as immediately as possible*
8. *Report badge malfunction to Armory Security Personnel*

Badge Holder
Signature:

Date:

Badge Cancellation
Reason:

Date:

Cancellation Signature: