ACCESS CARD REQUEST

North Carolina Department of Administration Division of Facility Management-Security Systems 984-236-0460

Appointment Hours: Tuesday-Thursday 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM

REQUEST DATE

BUILDING NAME

Rev. 1 – 08/01/2021

1. AGENCY INFORMATION:

BUILDING COORDINATOR:

DEPARTMENT - DIVISION:

| MSC# and Zip Only: | | | TELEPHONE # | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------|-----------------------------------------|-------------------|-------------------------------|------------|----------------------------|--------------------|----|--|
| 2. SELECT PAYMENT OPTION: | | | | | | | | | | |
| | SEND INVOICE T | O REQUESTING | QUESTING AGENCY COMPANY & CENTER NUMBER | | | | | | | |
| | HECK MADE DATE: T CHANGE | | | CHECK #: | RECE | EIPT #: | | | | |
| 3. COMPLETE THIS PORTION FOR EACH PERSON. (Pictures over 5 years old must be updated) | | | | | | | | | | |
| REASON FOR REQUEST: | | | EXPLANA [*] | TION | | | | | | |
| BROKEN LOST STOPPED WORKING RETURN TO WORK NEW HIRE AGENCY CHANGE NAME CHANGE | | | | | | | | | | |
| FIRST | | | MIDDLE | | | LAST | | | | |
| DEPARTME | NT: NO ABBREV | /IATIONS | | | | | | | | |
| DIVISION: N | | | | | | | | | | |
| DRIVER'S LI | | | | | | | | | | |
| PHONE NUI | | | | | | | | | | |
| EMPLOYEE | EMPLOYEE EMAIL: | | | | | | | | | |
| | REGULAR DAY MONDAY THRO | | AM TO 6:30 PM, NO HOLIDAYS | | | | PERMANENT EMPLOYEE | | | |
| | EXTENDED DAY ACCESS 6:30 MONDAY THROUGH FRIDAY, | | |) AM TO 10:30 PM, | | | TEMPO | TEMPORARY EMPLOYEE | | |
| UNLIMITED ACCESS - 24 HOU WEEK, INCLUDES HOLIDAYS | | | RS A DAY, 7 DAYS A | | | | BOARD OR COMMISSION MEMBER | | | |
| | DATE: erns and Contractors* | | | | CONTRACTOR *requires picture* | | | | | |
| | | | | | INTERN | | | | | |
| | | | | | | | | | | |
| ACCESS NEED | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS: | | | | | | | | | | |
| | | | | | | | | | | |
| 4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM | | | | | | | | | | |
| https://sonc.assetworks.cloud/ready 5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD. | | | | | | | | | | |
| 6. GO TO https://ncadmin.nc.gov/about-doa/divisions/facility-management for additional guidelines and information. | | | | | | | | | | |
| Signature: | | | | Date: | | | | | | |
| WORK ORDER NUMBER: | | | | MATCH NUM | | | | | | |
| COMPLETED BY: | | | | 1 | | COMPLETION | N DATE: | | | |
| PROX CARD LA | | LANYARD CI | CLIP COMBO | | P ONLY | LANYARD C | ONLY | MINI-PROX DISC | | |
| #9201 | | #9 | 913 | #9 | | #919 | 0 | #92 | 21 | |