

Signature:

Government of the District of Columbia



Date (DD/MM/YY):

Department of Human Resources

NON-EMPLOYEE REPLACEMENT ID CREDENTIAL REQUEST FORM

Name: Agency:			
mber in the lower-right corner sta	arting with "010". For badges w		
☐ Contractor	☐ Intern	☐ Voluntee	r
on			
nted with this form. If the original	I card cannot be presented for	any reason, it will be	treated as a lost card,
Stolen Damaged	Information Changed	Expiring	Expired
e department, the D.C. Metropolita	on immediately by calling (202 an Police Department by callir) 442-9700. You mu : g 311, or the Metro Tr	st also file a police ransit Police by calling
Repo	rt/CCN #:		Report Attached
ctronic access rights, your curr	ent Agency Access Rights (Coordinator must sig	ın this form.
Agency Access Rights Coordinator:		Phone:	
		Date (DD/MM	1/YY):
r/PSA:		Phone:	
	Date (DD/MM/YY):		
AUTHORIZATION (RI	EQUIRED FOR ALL	REPLACEMEN	NT CARDS):
	dge, your badge ID is the 5-digit rember in the lower-right corner state thand corner of the back of the last corner of the last co	dge, your badge ID is the 5-digit number in top-left corner on bath of the lower-right corner starting with "010". For badges we technal corner of the back of the badge, Contractor Intern In	dge, your badge ID is the 5-digit number in top-left corner on back of credential. If the mber in the lower-right corner starting with "010". For badges without SmarTrip, please in the lower-right corner starting with "010". For badges without SmarTrip, please in the lower-right corner of the back of the badge, Contractor