

## CREDENTIALING PROCEEDURE

Listed below are the required steps to taken by contractor(s) when requesting DGS ID credentials:

- Visit the Metropolitan Police Department:  
**Henry J. Daly Bldg., 300 Indiana Avenue NW (Room 1075).**
- Complete a PD Form 70 (Criminal History Request) for a background check. This form is available at the Arrest and Criminal History Section; Room 1075. Most requests will be processed while you wait, generally between 15-45 minutes. One of the following documents are needed to make the request:
  - ✓ Government Issued Photo ID, such as, Driver's License or Non-Driver's ID
  - ✓ Original Birth Certificate AND Social Security Card
- A fee of approx. \$7 is required (cash or money orders only, payable to DC Treasurer; **(no credit cards or personal checks)**)
- Once Police Clearance has been obtained; complete and sign the DCHR Credential Identification Request form and Contractor Contact Information form. Both forms require the contractor's signature. Please ensure the COTRs information and signature is completed on the Contractor Contact Information form.
- Send all completed documentation (Original Police background check (raised seal), DCHR Credential Identification Request form, Contractor Contact Information form) and a legible copy of their driver's license or state issued ID to Kim Currie for processing.
- Once the request(s) is approved (turnaround time can take up to two weeks), the form(s) will be returned to the contractor, who then must visit (OJS) 441 4<sup>th</sup> Street – DCHR Customer Care Center located in the lobby to obtain the ID badge.
- Once the badge is received, the COTR should forward Kim Currie, the contractor's name, five digit ID badge number (located on the back of the badge) and any needed access, if required.

### **Replacement Badges**

- Complete the Credential Identification request form.
- Return completed replacement form and a legible copy of the expiring/expired ID badge to Kim Currie for processing.
- Once the request(s) is approved, the form(s) will be returned to the contractor, who then must visit (OJS) 441 4<sup>th</sup> Street – DCHR Customer Care Center located in the lobby to obtain the ID badge.
- Once the badge is received, the COTR should forward Kim Currie, the contractor's name, 5 digit ID badge number (located on the back of the badge) and a request to restore previous access, if required.



## CREDENTIAL IDENTIFICATION REQUEST FORM

### Employee Information

Name: \_\_\_\_\_ Reason for Request: New  Replacement   
First / MI / Last (Please print)

Agency: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
(Please print)

### Appointment Status

- Career Service (CS)  CS (Term Appt.)  CS (Temporary Appt.)  Management Supervisory Service
- Executive Service  Contractor  Volunteer  Intern  Excepted Service

If the appointment has a "Not to Exceed" (NTE) date, indicate the NTE date in which the appointment expires below: \_\_\_\_\_ (MM/DD/YY)

### Certification Authorization:

#### ACKNOWLEDGEMENT OF CREDENTIAL (TO BE COMPLETED BY THE EMPLOYEE)

I, the undersigned, confirm that the above information is accurate to the best of my knowledge. I assume responsibility to return this ID badge to my HR Advisor upon separation from District government. I understand that I am required to display my ID badge at all times while in District government facilities.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*Note to Employees: Please be advised that the Agency Head's (or his or her designee's) signature will not be valid if this form is received in DCHR fourteen (14) or more calendar days after the date shown in the box below (Agency Head (or Designee) Signature).*

#### TO BE COMPLETED BY THE AGENCY HEAD (OR HIS OR HER DESIGNEE)

Approved

\_\_\_\_\_  
Name of Agency Head (or his or her designee) (Please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Agency Head (or his or her designee)

\_\_\_\_\_  
Date

The agency authorizing official who signs (or an individual designated by the authorizing official) assumes the responsibility of obtaining the ID badge from the employee indicated above following his or her separation from District government service.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF GENERAL SERVICES



**CONTRACTOR CONTACT INFORMATION FORM**

CONTRACTOR NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

SUPERVISOR EMAIL \_\_\_\_\_ SUPERVISOR CONTACT PHONE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

COTR NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

COTR PHONE NUMBER \_\_\_\_\_ COTR EMAIL \_\_\_\_\_

CONTRACT START DATE \_\_\_\_\_ CONTRACT END DATE \_\_\_\_\_

PLEASE DESCRIBE THE DUTIES YOU WILL PERFORM FOR THE DISCTRICT/DRES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AREA ACCESS REQUIRED \_\_\_\_\_

\_\_\_\_\_  
COTR SIGNATURE \_\_\_\_\_ COTR NAME \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this I.D. card is only valid for the above mentioned location and is valid through the expiration date indicated. Once my contract has ended and/or my badge has expired, I will return it to the Department of General Services to the Human Resources Advisor. Additionally, I understand that I am liable for the cost of replacement for my I.D. card if lost or if not returned at the end of the contract.

\_\_\_\_\_  
CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_