



Government of the District of Columbia

Department of Real Estate Services

Protective Services Division



EMPLOYEE ID CREDENTIAL REQUEST FORM

Date: _____

New D.C. Employee

Personal Information

Name: _____

Agency: _____

Email: _____

Work Phone: _____

Appointment Status

Career Employee

Term Employee

Temporary Employee (12 months or less)

Appointment expires, if not career (DD/MM/YY): _____

***Contractors, Interns, and Volunteers, please use the Non-Employee ID Credential Request Form (not this form)* If your card is lost, stolen, damaged, expiring/expired, or the information has changed, please use the Employee Replacement ID Credential Request Form (not this form)**

OPTIONAL: WMATA SmarTrip Registration

By signing below, I hereby consent that my home address and e-mail will be released to WMATA. This information is required by WMATA to register a SmarTrip card. If I do not register, and lose my credential, any SmarTrip funds remaining on the credential will be lost. If I do not wish to register your card and release this information, I will not sign below and my home address will not be disclosed.

Home Address: _____

City, State, Zip: _____

Signature: _____

Date (DD/MM/YY): _____

Verification from Agency HR Official **(REQUIRED)**

The agency HR official assumes responsibility with employee to return credential to PSD upon employee separation from District government and is aware that a fee for lost cards may be instituted in the future.

HR Official Name: _____

Phone: _____

HR Official's Signature: _____

Date (DD/MM/YY): _____

Acknowledgement of Credential **(REQUIRED)**

I, the Applicant, confirm that the above information is accurate to the best of my knowledge. I assume responsibility to turn in this card to PSD upon separation from District government. I understand that I am required to display this credential at all times while at District government facilities. I am aware that a fee may be instituted in the future for lost cards and will report a lost credential within 24 hours to the Protective Services Division.

Signature: _____

Date (DD/MM/YY): _____