



Government of the District of Columbia
 Department of Real Estate Services
 Protective Services Division



NON-EMPLOYEE ID CREDENTIAL REQUEST FORM

Date: _____

Personal Information

Name: _____

Agency: _____

Work Location: _____

Email: _____

Work Phone: _____

Hiring official: _____

Appointment Status

Contractor

Intern

Volunteer

Term expires (DD/MM/YY): _____

***Career, Temporary, and Term DC government employees, please use the 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 Non-Employee Replacement ID Credential Request Form (not this form)**

Supervisor (Optional)

Supervisor assumes responsibility for card holder to return credential to PSD upon separation from District government and is aware that a fee for lost cards may be instituted in the future.

Supervisor Name: _____

Phone: _____

Supervisor's Signature: _____

Date (DD/MM/YY): _____

Deputy Director/Program Signatory Authority (REQUIRED)

By signing, this party also assumes responsibility for card holder to return credential to PSD upon separation from District government and is aware that a fee for lost cards may be instituted in the future.

DD/PSA Name: _____

Phone: _____

DD/PSA 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 displaying 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): _____