## **BADGE REQUEST FORM**GSD - Security Management Division



611 Walker, Houston, TX 77002, 3<sup>rd</sup> Floor (3A), (832) 393-8471 Please scan and email a completed form to:

BadgingOffice@houstontx.gov

Badging Office Hours: Monday 8:30 am - 12 pm, Tuesday - Thursday 8:30 am - 12:00 pm - 4:00 pm OFFICE CLOSED ON FRIDAYS

## **CONFIDENTIAL**

(The information provided is for Security use only & must be completed by the individual being photographed for the City ID/Security Access Badge)

Circle the type of hadge you are requesting:

Circle the type of bac	ige you are request	ilig.					
New Employee	Replacement	Lost/Stolen	Media	Contract I	Employee	Temporary/Intern	
Application Date:	plication Date: Employee		Encode #:	Employment T		oe:	
1. Employee Informa	ition section .	must present a red on the present	•	(חו	-	t your legal name as it	
Last Name:		First Name or ——— Initials			MI:		
te of Birth:		Race:	Race:		Sex: Hair:		
Texas Driver's Licens	se #:		Height:	We	eight:	Eyes:	
ome Address:			City:		Zip Code:		
Home Phone #:		Work Pho	ne #:				
Emergency Contact I	Name:	Emergen	cy Contact Pho	one #:	R	elation:	
2. Employment and	Classification Section	on					
Date of Employment	t:	Depar	tment:		Division	n:	
Job Classification:			Tier Design	nation:			
Job Location:							
3. Internal Use Only							
State License #: Issued		Date:	Expirati	tion Date:		IIS #:	
MOU (Y/N)	I-9 (Y/N)	Backgrou	und Check (Y/I	I ost Ba	dge Report #:		
1000 (1714)	1-9 (1/14)	Dackgrou	una check (171	N) LUST Ba	luge Report #.		
Employee Signature			nte		-		
Approving Authori	ty (Division Mana	iger or higher)	:				
Print Approving Authority Name		Title	Title		Employee I.D.		
Approving Authority Signature			- Date			Phone Number	