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| --- | --- | --- |
|  | **IOWA CAPITOL COMPLEX** **ACCESS APPLICATION REQUEST**  |  |
|  |  |
|  **1.** **[ ]  New Employee** **5.** **[ ]  Defective Badge** |  **2.** **[ ]  Delete Employee** **6.** **[ ]  Lost Badge $10.00 fee** | **3.** **[ ]  Change of Access****7.** **[ ]  Updated Info/Transfer** |  **4. [ ]  Access Badge (Off Campus Employees)** **$10.00 fee eDAS code** |  |
|  **8.** **[ ]  Name Change** | **9.****[ ]  Contractor: Expiration date** Click here to enter a date. | **10.** **[ ]  ID Only $5.00 fee eDAS code** |
|  | **12.** **[ ]  Other: ­­­­­­­­­­­­­­­­­­** |  |  |

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| **13.** |  | **14.** |  | **15.** |  |

 **FIRST NAME MIDDLE NAME LAST NAME**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **16.** |  |  |  | **17.** |  | **18.** | **[ ]  MALE** **[ ]  FEMALE** |

 **DL NUMBER STATE DATE OF BIRTH**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **19.** |  | **20.** |  | **21.** |  |

 **DEPARTMENT DIVISION JOB TITLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **22.** |  | **23.** |  |  |

 **OFFICE PHONE SUPERVISORS’S NAME**

**VEHICLE INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **24. Check Action** | **25. Year** | **26. Make** | **27. Model** | **Decal #** | **Decal Color** |
| **[ ]  Add [ ]  Delete** |  |  |  |  |  |
| **[ ]  Add [ ]  Delete** |  |  |  |  |  |
| **[ ]  Add [ ]  Delete** |  |  |  |  |  |
| **[ ]  Add [ ]  Delete** |  |  |  |  |  |

**ACCESS INFORMATION**

|  |  |
| --- | --- |
| **BUILDING DROP DOWN LIST** | **TEMPLATE NAME/DOOR AREA NAME** |
| Choose an item |  |
| **CAPITOL ACCESS AND ACCESS TO THE OLA BABCOCK MILLER BUILDING ARE NOW REQUESTED VIA** [**THIS FORM**](http://das.iowa.gov/sites/default/files/hr/documents/DAS-CapitolAccessForm.docx) |

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 **SUPERVISOR’S SIGNATURE OFFICE PHONE**

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| --- |
| **DAS USE ONLY** |
| **EMPLOYEE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****EXTERNAL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****INTERNAL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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 **ACCESS COORDINATOR’S SIGNATURE OFFICE PHONE**

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 **DATE**