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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**

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

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**ACCESS COORDINATOR’S SIGNATURE OFFICE PHONE**

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**DATE**