

# IOWA CAPITOL COMPLEX ACCESS APPLICATION REQUEST



- |  |   |  |  |
|--|---|--|--|
| 1. <input type="checkbox"/> New Employee   | 2. <input type="checkbox"/> Delete Employee                       | 3. <input type="checkbox"/> Change of Access | 4. <input type="checkbox"/> Delete Vehicle |
| 5. <input type="checkbox"/> New Decal      | 6. <input type="checkbox"/> Defective Badge                       | 7. <input type="checkbox"/> Lost Badge       | 8. <input type="checkbox"/> Updated Info   |
| 9. <input type="checkbox"/> Transfer Dept. | 10. <input type="checkbox"/> Temporary Employee (30 days or less) | 11. <input type="checkbox"/> ID Only         |  |
12.  Other: \_\_\_\_\_

13. <input style="width: 100%;" type="text"/> <b>FIRST NAME</b>	14. <input style="width: 100%;" type="text"/> <b>MIDDLE NAME</b>	15. <input style="width: 100%;" type="text"/> <b>LAST NAME</b>
16. <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <b>DL NUMBER STATE</b>	17. <input style="width: 100%;" type="text"/> <b>DATE OF BIRTH</b>	18. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
19. <input style="width: 100%;" type="text"/> <b>DEPARTMENT</b>	20. <input style="width: 100%;" type="text"/> <b>DIVISION</b>	21. <input style="width: 100%;" type="text"/> <b>BUILDING</b>
22. <input style="width: 100%;" type="text"/> <b>JOB TITLE</b>	23. <input style="width: 100%;" type="text"/> <b>OFFICE PHONE</b>	24. <input style="width: 100%;" type="text"/> <b>SUPERVISOR'S NAME</b>

**VEHICLE INFORMATION**

25. Check Action	26. Plate #	27. Make	28. Model	29. Year	30. Color	Decal #	Decal Color
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							

BUILDING	LEVEL(S)	AN EXPLANATION IS REQUIRED IF THE ACCESS REQUESTED IS OTHER THAN 7AM – 5 PM.
<input type="checkbox"/> CEP/MAINT <input type="checkbox"/> GRIMES <input type="checkbox"/> JUDICIAL <input type="checkbox"/> HOOVER <input type="checkbox"/> IWD <input type="checkbox"/> LUCAS <input type="checkbox"/> MILLER <input type="checkbox"/> HISTORICAL <input type="checkbox"/> PARKER <input type="checkbox"/> WALLACE <input type="checkbox"/> OFF COMPLEX <input type="checkbox"/> ALL		
CAPITOL ACCESS	HOURS AVAILABLE	EXPLANATION IS REQUIRED FOR ACCESS TO CAPITOL
<input type="checkbox"/> EXTERIOR DOORS <input type="checkbox"/> SENATE ELEVATOR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> GOVERNOR'S OFFICE <input type="checkbox"/> LOT 13 <input type="checkbox"/> OTHER:	<input type="checkbox"/> 5a-6p M-F <input type="checkbox"/> 6a-6p M-F <input type="checkbox"/> 6a-12a M-F <input type="checkbox"/> 6a-6p 7 days <input type="checkbox"/> 24/7	

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE                      OFFICE PHONE

\_\_\_\_\_  
ACCESS COORDINATOR'S SIGNATURE                      OFFICE PHONE

\_\_\_\_\_  
DATE

POST 16 USE ONLY
EMPLOYEE #: _____
EXTERNAL #: _____
INTERNAL #: _____