

VOTER ID – HOW TO GET PROCESS

Effective 09/03/2024, Employee ID Badges are available with a **Voter ID feature**.

Below are the procedures to accommodate this request by any North Carolina State, **Full-Time, Temporary and Board Commission Employee**. If this is something an employee is interested in applying for, read the information here to start your journey into a more comprehensive civic space in your community.

- This feature is **not** available for **Contractor, Emergency Responder, Intern or Visitor ID Badges** supplied by the Department of Administration Badging Office.

In order to receive a voter preference ID Badge, the employee must utilize the internal vetting system established by the Department of Administration, Facility Management Office.

The **Building Coordinator/Agency Representative** is how requests are processed so that only eligible employees may get the new badge ID. All IDs are processed and printed at the **DOA/FMD Raleigh location**. Locally there are Building Coordinators that an employee supervisor would go through for their employee to receive a new ID.

Statewide processing also requires a **Building Coordinator** who may also be a local Building Coordinator. If a group does not have a representative, the Badge Office can forward a building coordinator request form [**BCRF**] to an authorized party who could then submit the request with their choice for a Building Coordinator.

- **There can only be (1) Primary Building Coordinator with a support staff of (2) Backup Coordinators.**

The NCDOA Badge Office does not mail any IDs therefore it is incumbent on the Building Coordinator to tell the employee that they must make an appointment, come to the Raleigh State Badge Office and sit for the picture and electronically sign for this ID to receive this privilege.

*For full instructions “**How to**” fill out an **ACR form** see separate .pdf in Request Portal.*

The following page shows the **Standard Operating Procedure** for requesting a “**Voter Preference**” ID. The entire **SOP** will be available on the Request Portal once a Building Coordinator has been added to the database.

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Partial SOP regarding the Voter Preference rules.

8.2.3.B (**Voter ID Preference**): If an employee indicates to the Building Coordinator that they want to have a **Voter ID preference** added to their badge, follow the steps below.

- *“Next to Reason for Request” is the “Add Voter ID Factor” check boxes Select yes or no by clicking in the preferred box.*
- *Read supplemental form **ACR-VRSF** Employee will need to electronically sign form to affirm their receipt of information and understand the **Voter ID statutes and requirements** when picking up their ID badge.*
- The only individuals permitted to get the **Voter ID** preferences are:
 - **Permanent State Employee**
 - **Temporary State Employee**
 - **State Commission Member**
- These select individuals must be registered to vote in North Carolina and be a North Carolina State Employee, Temporary Employee or NC Commission Member.
- **It is not incumbent for the State of North Carolina or its representatives to register their employees to vote.** That is the sole responsibility of the employee and the employee alone.
- **The Voter preference term of limits is 5 years from the inception and receipt of ID badge to the Employee, Temporary Employee or Commission member.**
 - **The Voter ID expiration date is printed on the back of the ID Badge** along with other ID badge specific rules that apply to NC State employees, temporary employees and commission members.
 - **If the expiration date is achieved** the ID badge will still allow employees access to their respective buildings; however, **they will need to request a new ID badge and new voter expiration date** if they intend to use it for voting purposes.

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ACR-VR Access Card Request with voter preference
 North Carolina Department of Administration
 Division of Facility Management-Security Systems
 984-236-0460

Appointment Hours: Monday - Friday 8:00AM - 12:00 PM and 1:00 PM - 4:00 PM

1. AGENCY INFORMATION:

Rev. 2 – 08/14/2024

BUILDING COORDINATOR:		REQUEST DATE	
DEPARTMENT – DIVISION:		BUILDING NAME	
MSC# and Zip Only:		TELEPHONE #	

2. SELECT PAYMENT OPTION:

<input type="checkbox"/>	SEND INVOICE TO REQUESTING AGENCY	COMPANY & CENTER NUMBER →	
<input type="checkbox"/>	PAYMENT BY EMPLOYEE (CHECK MADE PAYABLE TO DOA OR EXACT CHANGE REQUIRED)	DATE:	CHECK #: RECEIPT #:

3. COMPLETE THIS PORTION FOR EACH PERSON: (Pictures over 5 years old must be updated)

REASON FOR REQUEST:	<input type="checkbox"/> ADD VOTER ID FACTOR <input type="checkbox"/> YES <input type="checkbox"/> NO See supplemental form for rules
<input type="checkbox"/> BROKEN <input type="checkbox"/> LOST <input type="checkbox"/> STOPPED WORKING <input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> NEW HIRE <input type="checkbox"/> AGENCY CHANGE <input type="checkbox"/> NAME CHANGE	
FIRST	MIDDLE LAST
DEPARTMENT: NO ABBREVIATIONS	
DIVISION: NO ABBREVIATIONS	
DRIVER'S LICENSE # LAST (4) ONLY:	
PHONE NUMBER WITH AREA CODE:	
EMPLOYEE START DATE: * required*	EMPLOYEE EMAIL:

<input type="checkbox"/>	REGULAR DAY ACCESS 6:30 AM TO 6:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS		<input type="checkbox"/>	PERMANENT EMPLOYEE
<input type="checkbox"/>	EXTENDED DAY ACCESS 6:30 AM TO 10:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS		<input type="checkbox"/>	TEMPORARY EMPLOYEE
<input type="checkbox"/>	UNLIMITED ACCESS - 24 HOURS A DAY, 7 DAYS A WEEK, INCLUDES HOLIDAYS		<input type="checkbox"/>	BOARD OR COMMISSION MEMBER
<input type="checkbox"/>	ACCESS CARD EXPIRATION DATE: *REQUIRED FOR: Temps, Interns and Contractors*		<input type="checkbox"/>	CONTRACTOR *requires picture*
<input type="checkbox"/>	START DATE		<input type="checkbox"/>	INTERN
	EXPIRATION DATE		<input type="checkbox"/>	

ACCESS NEEDED:	
ADDITIONAL INSTRUCTIONS:	

4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM <https://sonc.assetworks.cloud/ready>
5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD.
6. GO TO <https://ncadmin.nc.gov/about-doa/divisions/facility-management> for additional guidelines and information.

Signature:

Date:

WORK ORDER NUMBER:		MATCH NUMBER:	
COMPLETED BY:		COMPLETION DATE:	
PROX CARD	LANYARD CLIP COMBO	CLIP ONLY	LANYARD ONLY
#9201	#9913	#9192	#9190
			MINI-PROX DISC
			#9221