**ACCESS CARD REQUEST**
**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:**

| | | | | | |
|---|---|---|---|---|---|
| | **SEND INVOICE TO REQUESTING AGENCY** | **COMPANY & CENTER NUMBER** ➡ | | | |
| | **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: | | ADD VOTER ID FACTOR | YES | NO  See supplemental form for rules |
|---|---|---|---|---|
| BROKEN    LOST | STOPPED WORKING    RETURN TO WORK | NEW HIRE    AGENCY CHANGE | | 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:** |

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

| | |
|---|---|
| **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** | **MINI-PROX DISC** |
| **#9201** | **#9913** | **#9192** | **#9190** | **#9221** |