

HOW TO FILL OUT AN (ACR) ACCESS CARD REQUEST FORM

WHEN FILLING OUT THE ACR, CREATE THE AGENCY INFORMATION FIRST:

- FILL OUT THE TOP PORTION (HIGHLIGHTED BELOW) AND “SAVE AS” A TEMPLATE ON YOUR PC “Last, First and Date” (04012021 format)
- THIS WAY WHEN YOU LATER SAVE THE FILLED-OUT FORM YOU WILL SAVE IT UNDER THE EMPLOYEE’S NAME AND THE DATE YOU REQUESTED IT AS:
  - Johnson, Jeremiah T 06012021 - EXAMPLE


**USING THE TAB KEY WILL MOVE ACROSS THE BLOCKS FROM LEFT TO RIGHT IN ROWS**

<p><b>ACCESS CARD REQUEST</b>                  North Carolina Department of Administration                  Division of Facility Management-Security Systems                  984-236-0460                  Appointment Hours: Tuesday-Thursday 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM</p>					
1. AGENCY INFORMATION:				Rev. 1 – 06/01/2021	
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:		EXPLANATION			
<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 8:30 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		
ACCESS NEEDED:					
ADDITIONAL INSTRUCTIONS:					
4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM					
<a href="https://sonc.assetworks.cloud/ready">https://sonc.assetworks.cloud/ready</a>					
5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD.					
6. GO TO <a href="https://rcadmin.nc.gov/about-doa/divisions/facility-management">https://rcadmin.nc.gov/about-doa/divisions/facility-management</a> 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	
<input type="checkbox"/> #9201	<input type="checkbox"/> #9913	<input type="checkbox"/> #9192	<input type="checkbox"/> #9190	<input type="checkbox"/> #9221	

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**SECTION 2 – PAYMENT OPTIONS:**

- THERE ARE (2) WAYS OF PAYING FOR A **BADGE, LANYARD OR MINIPROX**
  - **AGENCY PAY** – HIGHLIGHTED BELOW IN YELLOW - A COMPANY AND CENTER NUMBER ARE REQUIRED OR THE REQUEST CAN BE REJECTED
  - **EMPLOYEE PAY** – HIGHLIGHTED BELOW IN ORANGE – THE BUILDING COORDINATOR MUST INFORM THE EMPLOYEE THAT THEY ARE RESPONSIBLE FOR PAYMENT

ACCESS CARD REQUEST			
North Carolina Department of Administration			
Division of Facility Management-Security Systems			
984-236-0460			
Appointment Hours: Tuesday-Thursday 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM			
1. AGENCY INFORMATION:		Rev. 1 – 06/01/2021	
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="text"/>
<input type="checkbox"/>	PAYMENT BY EMPLOYEE (CHECK MADE PAYABLE TO DOA OR EXACT CHANGE REQUIRED)	DATE:	CHECK#: RECEIPT#:
3. COMPLETE THIS PORTION (All fields must be updated)			
REASON FOR REQUEST:		NEW HIRE <input type="checkbox"/> AGENCY CHANGE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/>	
<input type="checkbox"/> BROKEN	<input type="checkbox"/> LOST	FIRST	LAST
DEPARTMENT: NO ABBREVIATION			
DIVISION: NO ABBREVIATION			
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
ACCESS NEEDED:			
ADDITIONAL INSTRUCTIONS:			
4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM			
<a href="https://sonc.assetworks.cloud/read">https://sonc.assetworks.cloud/read</a>			
5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD.			
6. GO TO <a href="https://radmin.nc.gov/about-doa/divisions/facility-management">https://radmin.nc.gov/about-doa/divisions/facility-management</a> for additional guidelines and information.			
Signature: 		Date: <input type="text"/>	
WORK ORDER NUMBER:		MATCH NUMBER:	
COMPLETED BY:		COMPLETION DATE:	
PROX CARD	LANYARD CLIP COMBO	CLIP ONLY	LANYARD ONLY
<input type="checkbox"/> #9201	<input type="checkbox"/> #9913	<input type="checkbox"/> #9192	<input type="checkbox"/> #9190
			<input type="checkbox"/> #9221

**WHEN CHECKING BOXES YOU CAN USE THE "MOUSE", "SPACEBAR" OR "ENTER KEY" (RETURN KEY)**

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SECTION 3 – EMPLOYEE INFORMATION:

- COMPLETE ALL CORRECT HIGHLIGHTED BLOCKS AS NEEDED
- SMALL BOXES WILL SHOW A CHECK MARK – SEE INFO TEXT BUBBLE
- LARGE BOXES WILL NEED TYPED INFORMATION
- DATE BLOCKS ARE REQUIRED TO BE FILLED OUT

**USING THE TAB KEY WILL MOVE ACROSS THE BLOCKS FROM LEFT TO RIGHT IN ROWS**

**ACCESS CARD REQUEST**  
 North Carolina Department of Administration  
 Division of Facility Management-Security Systems  
 984-236-0460  
 Appointment Hours: Tuesday-Thursday 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM

Rev. 1 – 06/01/2021

1. AGENCY INFORMATION

BUILDING COORDINATOR:				
DEPARTMENT – DIVISION:				
MSC# and Zip Only:				

**WHEN CHECKING BOXES YOU CAN USE THE "MOUSE", "SPACEBAR" OR "ENTER KEY" (RETURN KEY)**

2. SELECT PAYMENT OPTION

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

ACCESS NEEDED:

ADDITIONAL INSTRUCTIONS:

4. ONLY APPROVED BUILDING COORDINATORS ARE AUTHORIZED TO SUBMIT A COMPLETED REQUEST FORM  
<https://sonc.assetworks.cloud/readv>

5. SECURITY SYSTEMS WILL CONTACT EACH PERSON TO SCHEDULE AN APPOINTMENT FOR AN ACCESS CARD.

6. GO TO <https://roadmin.nc.gov/about-doaidivisions/facility-management> for additional guidelines and information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WORK ORDER NUMBER:		MATCH NUMBER:	
COMPLETED BY:		COMPLETION DATE:	
PROX CARD	LANYARD CLIP COMBO	CLIF ONLY	LANYARD ONLY
<input type="checkbox"/> #9201	<input type="checkbox"/> #9913	<input type="checkbox"/> #9192	<input type="checkbox"/> #9190
			<input type="checkbox"/> #9221



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**EXAMPLE OF A FILLED-OUT FORM BELOW:**

**ACCESS CARD REQUEST**  
 North Carolina Department of Administration  
 Division of Facility Management-Security Systems  
 984-236-0460

**Appointment Hours: Tuesday-Thursday 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM**

**1. AGENCY INFORMATION:**

Rev. 4 - 03/03/2021

BUILDING COORDINATOR:	DONNA COMBS	REQUEST DATE	06/01/2021
DEPARTMENT - DIVISION:	FACILITY MANAGEMENT	BUILDING NAME	FACILITY MANAGEMENT BUILDING
MSC# and Zip Only:	1313	TELEPHONE #	984-236-XXXX

**2. SELECT PAYMENT OPTION:**

<input checked="" type="checkbox"/>	SEND INVOICE TO REQUESTING AGENCY	COMPANY & CENTER NUMBER	13-XXXX-XX
<input type="checkbox"/>	PAYMENT BY EMPLOYEE (CHECK MADE PAYABLE TO DOA OR EXACT CHANGE RFQIIRFD)	DATE:	CHECK #: RECEIPT #:

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

REASON FOR REQUEST:	EXPLANATION
<input type="checkbox"/> BROKEN <input type="checkbox"/> LOST <input type="checkbox"/> STOPPED WORKING <input type="checkbox"/> RETURN TO WORK <input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> AGENCY CHANGE <input type="checkbox"/> NAME CHANGE	
FIRST JEREMIAH	MIDDLE T. LAST JOHNSON
DEPARTMENT: NO ABBREVIATIONS	DEPARTMENT OF ADMINISTRATION
DIVISION: NO ABBREVIATIONS	FACILITY MANAGEMENT
DRIVER'S LICENSE # LAST (4) ONLY:	NC 7851
PHONE NUMBER WITH AREA CODE:	919-855-1111
EMPLOYEE START DATE: * required*	06/01/2021 EMPLOYEE EMAIL: jjohnson@doa.nc.gov

<input type="checkbox"/>	REGULAR DAY ACCESS 6:30 AM TO 6:30 PM, MONDAY THROUGH FRIDAY, NO HOLIDAYS	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	START DATE 06/01/2021	<input type="checkbox"/>	INTERN

ACCESS NEEDED:	ALL BUILDINGS AND DOCKS INCLUDING PARKING DECKS
ADDITIONAL INSTRUCTIONS:	INCLUDE ANY ELEVATOR AND ROOF ACCESS

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

Signature:

*Jeremiah T. Johnson*

Date: 06/01/2021

WORK ORDER NUMBER:	210306-009272	MATCH NUMBER:	44753938
COMPLETED BY:	MAO	COMPLETION DATE:	06/01/2021
PROX CARD	LANYARD CLIP CARD	LANYARD ONLY	MINI-PROX DISC
<input checked="" type="checkbox"/> #9201	<input checked="" type="checkbox"/> #9913	<input type="checkbox"/> #9192	<input type="checkbox"/> #9190 <input type="checkbox"/> #9221

**OFFICE USE ONLY**

HOW TO FILL OUT AN (ACR) ACCESS CARD REQUEST FORM

**COMPANY DEPARTMENT NUMBERS AS OF 04/01/2021**

- *When you are in the ReaDY Portal and creating a badge request, when you select “Agency Pay” you will be prompted by a link to enter your department company number prefix here. If you know your complete 2 digit and extension numbers for your group this is vital for the billing process to complete to fruition.*
- *Security Systems reserves the right to reject any request if the Company and Center numbers are not provided for an “Agency Pay” request*

**List of Two-Digit Department Numbers**

01	GENERAL ASSEMBLY
02	JUDICIAL BRANCH
03	OFFICE OF THE GOVERNOR
04	OFFICE OF THE LT GOVERNOR
05	SECRETARY OF STATE
06	OFFICE OF THE STATE AUDITOR
07	STATE TREASURER
08	PUBLIC INSTRUCTION
09	JUSTICE
10	AGRICULTURE AND CONSUMER SERVICES
11	LABOR
12	INSURANCE
13	ADMINISTRATION
14	OFFICE OF THE STATE CONTROLLER
15	TRANSPORTATION
16	ENVIRONMENTAL QUALITY
26	DHHS SERVICES FOR THE BLIND
30	DHHS MENTAL HEALTH
28	DHHS HEALTH SERVICES
40	MILITARY AND VETERANS AFFAIRS
41	INFORMATION TECHNOLOGY
43	COMMERCE
45	REVENUE
46	NATURAL AND CULTURAL RESOURCES
47	PUBLIC SAFETY
50	COMMUNITY COLLEGES
60	STATE BOARD OF ELECTIONS
67	OFFICE OF ADMINISTRATIVE HEARINGS
99	NON STATE GOVERNMENT
B0	BOARD OF BARBER EXAMINERS
B1	BOARD OF COSMETIC ARTS EXAMINERS
B2	BOARD OF OPTICIANS