

OREGON DEPARTMENT OF CORRECTIONS



RETIREE ID CARD AGREEMENT

DPSST-Certified Employee:
Security Classification or Parole & Probation Officer

(submit this agreement along with the [ID Card Request Form](#) to institution)

Limitations and Expectations

I, _____ am requesting an Oregon Department of Corrections Retiree Identification Card, having retired from a DPSST-certified position in good standing from the Department. I understand and hereby acknowledge this identification is provided solely as recognition of my years of service as a public safety professional with the Oregon Department of Corrections. I am not currently an active public safety employee for the State of Oregon.

I understand and agree this retiree ID card conveys no authority, responsibility to act, or permission to represent myself as a current employee, contractor or volunteer of the Oregon Department of Corrections. This identification conveys no authority to possess or use concealed firearms under state or federal law. Further, any abuse or misuse of this identification may be grounds for having it rescinded by the Department.

I recognize the Oregon Department of Corrections reserves the right to revoke this retiree ID card at any time. I understand this identification remains the property of the Oregon Department of Corrections and hereby agree to return it within ten days of receipt of written notification from the Department. In addition, I agree to immediately notify the Department if this identification is lost or stolen.

I will use this retiree card within the limits of this signed Agreement.

Signature of Retired Employee: _____

Printed Name: _____

Date: _____