



ACCESS CARD REPLACEMENT REQUEST

- This form must be completed when requesting a replacement ODOT access card.
- All access levels and locations shall remain the same as original.
- Do not use this form to request changes to access levels and/or locations.

EMPLOYEE INFORMATION

NAME	WORK PHONE	EMPLOYEE IDENTIFICATION NUMBER
WORK ADDRESS		CLASSIFICATION TITLE
CITY, STATE, ZIP		AGENCY/DIVISION/BRANCH/REGION
WORK LOCATION	FLOOR/ROOM NO.	SUPERVISOR NAME
		SUPERVISOR PHONE

REASON FOR CARD REPLACEMENT

CHECK ONE <input type="checkbox"/> Lost* <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Name change <input type="checkbox"/> User category change	
CARD NUMBER	DATE OF LOSS (IF APPLICABLE)

REQUIRED SIGNATURES

No access card will be issued without these signatures.

EMPLOYEE SIGNATURE	DATE
EMPLOYEE'S SUPERVISOR/MANAGER SIGNATURE	DATE
KEY AND ACCESS CARD COORDINATOR SIGNATURE	DATE

* Requires 72-hour waiting period from notification to **(503) 986-5777** or **ODOTAccessCardChangeRequests@odot.state.or.us**.

Note: All access and photo cards must be returned to **ODOT Facilities Services Branch, 200 Hawthorne Ave. SE, Ste. B240, Salem OR 97301-5192.**

FOR ODOT FACILITIES SERVICES BRANCH USE ONLY		
CARD NUMBER ISSUED	ISSUED BY	DATE ISSUED
	DEACTIVATION BY	DEACTIVATION DATE
NOTES AND COMMENTS		