

GEORGIA DEPARTMENT OF CORRECTIONS POLICE POWERS IDENTIFICATION CARD REQUEST

REASON FOR REQUEST (check applicable box)	
New Employee <input type="checkbox"/> New Job Title <input type="checkbox"/> New Location <input type="checkbox"/> New Name <input type="checkbox"/> Expired <input type="checkbox"/>	LOST OR STOLEN CARD (Fee is required to replace lost/stolen card) Lost Card <input type="checkbox"/> Stolen Card <input type="checkbox"/> The Director, Office of Professional Standards and Director, Human Resources must be notified immediately when card is lost or stolen.
EMPLOYEE INFORMATION	
Name: _____ Job Title: _____ Employee I.D. Number: _____ Facility/Center/Office: _____ Telephone #: _____ POST Certification/Registration #: _____ Badge #: _____	
AUTHORIZATION (TO ISSUE THE POLICE POWERS IDENTIFICATION CARD)	
Approved: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Director, OPS Date </div> Approved: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Director, Human Resources Date </div>	
FOR CENTRAL PERSONNEL ADMINISTRATION USE ONLY:	
Date of Issue: _____ Expiration Date New Card: _____ If card is a replacement, is old card attached? Yes <input type="checkbox"/> No <input type="checkbox"/> If fee is required, is check or money order attached Yes <input type="checkbox"/> No <input type="checkbox"/> Date New Card Mailed: _____ Processed by (CHRM): _____	