

GEORGIA DEPARTMENT OF CORRECTIONS
POLICE POWERS IDENTIFICATION CARD REQUEST

REASON FOR REQUEST (check applicable box)			
New Employee	<input type="checkbox"/>	LOST OR STOLEN CARD (Fee is required to replace lost/stolen card)	
New Job Title	<input type="checkbox"/>	Lost Card	<input type="checkbox"/>
New Location	<input type="checkbox"/>	Stolen Card	<input type="checkbox"/>
New Name	<input type="checkbox"/>	The Director, Office of Professional Standards and Department Human Resources Director must be notified immediately when card is lost or stolen.	
Expired	<input type="checkbox"/>		
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: _____		_____	
Director, OPS		Date	
Approved: _____		_____	
Department Human Resources Director		Date	
FOR CORRECTIONS HUMAN RESOURCES MANAGEMENT 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): _____			