



Okaloosa County Access Control Badge Application

This agreement outlines the responsibilities of retaining an Okaloosa County Access Control ID Badge. My acceptance of this agreement indicates that I have read and understand the Okaloosa County Badge Policy below, and agree to adhere to the protocol and procedures established for access control badges.

1. The Okaloosa County Access Control ID Badge is intended to facilitate the entry to electronically access-controlled offices and rooms on Okaloosa County premises. Individuals may not be in controlled areas without a badge or escort.
2. I understand that the badge is issued in my name as the sole authorized person for access to the appropriate areas of the county. I will not allow any other person to use my badge. I understand that I should not open the door for others that do not have their own badge, but rather direct the person to their supervisor or Okaloosa County Information Technology (IT). I will not leave non-badged people in a secured area.
3. I understand that I must wear the badge with the front of the badge visible on the outside of my clothing or have the badge available if I wear a uniform that displays my name when accessing county facilities.
4. I will not punch holes, attach or affix any pins or decorations, bend, or wash the badge as it may render the badge inoperable.
5. I understand that badges should not be left unattended, on or in a desk, or carried in such a manner as to be susceptible to loss or theft.
6. I will not prop open doors with electronically controlled access as this will possibly activate a security alert.
7. I understand that upon termination of employment, contract, or volunteer services, badges must be returned to Okaloosa County IT. The badge holder's supervisor and county POC are responsible for promptly notifying Okaloosa County IT when a badge holder is terminated and ensuring the badge is collected before the person leaves the Okaloosa County premises.
8. I understand that temporary badges may be issued by a department to eligible persons for a limited time period (e.g., vendors, contractors, or temporary employees), and must be returned to the issuing department when the authorized period ends. Badges will be assigned to specific people. The department is responsible for putting in the access request.
9. I understand that I must immediately notify my supervisor and Information Technology if my badge is lost, missing, stolen, or damaged so it can be disabled. Replacement badges will require a new application be submitted to IT.

Acknowledgement: I acknowledge that I have read, understood, and agree to adhere to this agreement.

Badge Holder: _____ Signature: _____ Date: _____

From (Dept/Agency): _____ Title: _____ Phone: _____

Access Requested to Perform Job (sites/buildings/areas): _____

Requested by: _____ Signature: _____ Date: _____
Supervisor

Approved by: _____ Signature: _____ Date: _____
Department Head / Agency representative

Return to: Okaloosa County Information Technology Department with all signatures.

Department responsible for request submits a help desk ticket at [IT Support Central Help Desk](#).

Note: Secure locations, will require background and fingerprint check, up to date CJIS training certification (attach certificate or we will assign training), and signed Head End Rules & Regulations Acknowledgement.

For Use by Info Tech: ___ New ___ Replacement ___ Updated Form / ___ Contractor ___ County Partner _____
Badge #

1) Reviewed Form: _____ 2) BCC Approval: _____

3) Partition Admin Approval: _____ 4) Updated System: _____