



Government of the District of Columbia

Department of Human Resources



EMPLOYEE REPLACEMENT ID CREDENTIAL REQUEST FORM

Date: _____

Personal Information

Name: _____ Agency: _____

Old Badge ID: _____

*If you have a SmarTrip badge, your badge ID is the 5-digit number in top-left corner on back of credential. If there is no such number, use the last 5 digits of the 9-digit number in the lower-right corner starting with "010". For badges without SmarTrip, please use the first five digits of the number in the lower right-hand corner of the back of the badge.

Appointment Status

☐ Career Employee

☐ Term Employee

☐ Temporary Employee (12 months or less)

Appointment expires, if not career (DD/MM/YY): _____

Replacement Information

You must explain the reason for needing a new card. For damaged cards, expired or expiring cards, or information changes, the original card must be presented with this form. If the original card cannot be presented for any reason, it will be treated as a lost card, which requires a police report and could incur a fee at a later date. Replacement cards are never issued for the purpose of retaking a photo.

Reason: ☐ Lost ☐ Stolen ☐ Damaged ☐ Information Changed ☐ Expiring ☐ Expired

Explanation: _____

Lost or Stolen ID Cards:

For lost or stolen cards, notify the Protective Services Division (PSD) immediately. You may also file a police report with your local police department or the D.C. Metropolitan Police Department by calling 311 or the Metro Transit Police by calling (202)962-2121. When doing so you must either attach a copy of the police report or list the Police Department and Report/CCN number below.

Police Dept.: _____ Report/CCN #: _____ ☐ Report Attached
Phone: _____

Agency Change:

If you are changing agencies, you must first return your old ID card to your previous agency. Your previous agency HR official must sign here acknowledging return of the ID card and should have the card terminated by emailing PSD.

Previous Agency HR Official: _____ Phone: _____
Signature: _____

REPLACEMENT CARD AUTHORIZATION (REQUIRED FOR ALL REPLACEMENT CARDS):

Current Agency HR: _____ Phone: _____

Signature: _____ Date (DD/MM/YY): _____