



Government of the District of Columbia
Department of Human Resources



NON-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

☐ Contractor

☐ Intern

☐ Volunteer

Term expires (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 must also file a police report with your local police department, the D.C. Metropolitan Police Department by calling 311, or the Metro Transit Police by calling (202)962-2121. 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

Agency Change:

If you are changing agencies, you must first return your old ID card to your previous agency. Your previous agency's Deputy Director/PSA must sign here acknowledging return of the ID card and should have the card terminated by emailing PSD.

Previous Deputy Director/PSA: _____

Phone: _____

Signature: _____

Date (DD/MM/YY): _____

REPLACEMENT CARD AUTHORIZATION (REQUIRED FOR ALL REPLACEMENT CARDS):

Current Deputy Director/PSA: _____

Phone: _____

Signature: _____

Date (DD/MM/YY): _____