

Badge #

Log #

County of Ventura  
GSA - F&M Special Services & Security  
**ID Badge or Lamination Requisition Form**

For all ID Badge requests, this form **must** be sent to [IDBADGE@ventura.org](mailto:IDBADGE@ventura.org). **A VALID U.S.GOVERNMENT ISSUED PHOTO ID AND AUTHORIZED SIGNATURE IS REQUIRED TO PROCESS AN ID BADGE.** For supply or lamination requisitions, email this form to [IDBADGE@ventura.org](mailto:IDBADGE@ventura.org) or call (805) 477-1554 for information.

### Requesting Department Information

Requesting Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Unit #: \_\_\_\_\_ Program: \_\_\_\_\_

Phone: \_\_\_\_\_ Activity: \_\_\_\_\_ Phase: \_\_\_\_\_

Email: \_\_\_\_\_ Function: \_\_\_\_\_ Task: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Object: \_\_\_\_\_ Dept. Obj.: \_\_\_\_\_

### Employee Information

Name: \_\_\_\_\_  
last first Middle

VCHRP ID # \_\_\_\_\_ Permanent Hire Date: \_\_\_\_\_

Payroll Title: \_\_\_\_\_ New Badge Expiration Date: \_\_\_\_\_

Work Site: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

### Contractor/Vendor/Volunteer Information

Name: \_\_\_\_\_  
last first Middle

New Badge Expiration Date: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_

Last 4 Digits of the SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Background Checks are Required for All Vendors/Volunteers

- ☐ I hereby certify that a background check has been performed and has been found acceptable to this department.
- ☐ Please conduct a background check.
- If the second box has been checked, please inform the individual that a background check will be conducted by the General Services Agency and that a signed release form and Social Security Number are required. There will be a charge to your Department, see price list below.*
- ☐ 22nd Century Technologies Inc. Employee. No additional vetting requested at this time.

### Type of ID Badge Requested

- ☐ Regular Employee ☐ Grand Jury ☐ Visitor
- ☐ Management ☐ Extra - Help Employee ☐ Volunteer
- ☐ Contractor/Vendor ☐ Intermittent Employee ☐ Department Provided Card

Contractor/Vendor Name: \_\_\_\_\_ Access Group (If Known): \_\_\_\_\_

### Price List

| Services |                                                                   | Supplies |                                                                |
|----------|-------------------------------------------------------------------|----------|----------------------------------------------------------------|
| \$20.00  | <input type="checkbox"/> Lamination, Photo, Clip on Provided Card | \$1.15   | <input type="checkbox"/> Clear Plastic Pouch / Plastic Guard * |
| \$5.00   | <input type="checkbox"/> Lamination (Letter)                      | \$4.00   | <input type="checkbox"/> Nylon Sports Lanyard COV *            |
| \$11.00  | <input type="checkbox"/> Employee ID Photo Extraction             | \$12.25  | <input type="checkbox"/> Leather Badge Holder with Clip *      |
|          |                                                                   | \$3.50   | <input type="checkbox"/> Premier Retractable Badge Holder *    |
|          |                                                                   | \$4.50   | <input type="checkbox"/> Chrome Retractable Badge Holder *     |
|          |                                                                   | \$8.00   | <input type="checkbox"/> Extra Photo (on Plastic Card)         |
|          |                                                                   | \$48.00  | <input type="checkbox"/> Background Check                      |
|          |                                                                   | \$16.00  | <input type="checkbox"/> Digital Key Fob                       |
|          |                                                                   | \$5.00   | <input type="checkbox"/> Blank Card                            |
|          |                                                                   |          | <input type="checkbox"/> Other _____                           |

**\* RETAIL ITEM. CHARGE B/U # THROUGH CASH REGISTER. TOTALS NOT INCLUDED BELOW**

### GSA - Special Services Use Only

\_\_\_\_\_ **Total Charges**      **Processed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_