

Application for Identification Badge Local Government

Agency Name: _____

Business Address: _____ - _____

Requestors Name: _____ Phone # __-_____

County Location where work will be performed: _____

Agency's Sponsoring Supervisor: _____ Phone # _____

Vendor read and initial below:

- I understand badges cannot be loaned to another individual. _____
- I will not allow a person without a badge to accompany me through the card swipe entrances. _____
- I will not carry unauthorized items into the courthouse. _____
- It is my duty to secure this badge. I agree to contact Security immediately at 641-3068, Room L20B, Guilford County Courthouse, Greensboro if it is lost or stolen. _____
- I also agree to return the badge once my duties to the agency has ended _____
- I understand this is a privilege, which can be rescinded by proper authority at any time. _____
- A fee will apply to lost, stolen, or damaged badges according to policy. _____
- Badge must be used for entry 12 times within a year. _____

Badge # _____

Justification: Explain why an identification badge should be issued to you.

Signature of Requestor

Date

Signature of Sponsoring Supervisor

Date

NOTE: A letter or email from the sponsor to GC Security smckinn@co.guilford.nc.us must be attached.