



## Okaloosa County Access Control Badge Application (Outside Entity)

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).
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 by the end of the authorized period. Each department will be responsible for putting in a request for these badges.
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

### Return to: Okaloosa County Information Technology Department

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

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

**For Use by Information Technology:**      New      Replacement      Renew      County Partner      Contractor

1) Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_      2) Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

3) S2 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_      4) Delivered by: \_\_\_\_\_ Date: \_\_\_\_\_