



**F.D.L.E. Capitol Police
ID Office**

MONDAY – FRIDAY 8 A.M. – 5 P.M.
CAPITOL BUILDING SUITE P-3 RM C.
OFC: 850-487-6216 FAX: 850-410-2800

VEHICLE INFORMATION

Make: _____ Model: _____
Year: _____ Color: _____
Tag No.: _____ State: _____

PERSONAL INFORMATION DATA

New Card **Renewal** **Lost Card**

Name: _____
Last First Middle Initial

Agency/Department Name: JUSTICE ADMINISTRATION

Division/Program Area: _____ Building: N/A

Position Title: _____ Office No.: N/A

Telephone: _____

Office	Residence Phone
Social Security No.	Race
	Gender
	Height
	Date of Birth

DRIVER'S LICENSE/ ID INFORMATION

State	License/ID Number	Expiration

ACKNOWLEDGEMENT: An applicant applying for a new, lost card replacement or renewal card is required to submit a completed Capitol Complex Access Card Application that requires the signature of the Department Secretary/Agency head or his Designee. A copy of a valid D.H.S.M.V. driver's license/ID card must be submitted with each application. A lost or stolen card should be reported to Capitol Police immediately for deactivation by calling 24hrs. @ 488-1790. Vehicle information is required for parking in garages. Cards must be possessed and used only by the person to whom it is issued and prominently displayed while in the Capitol Complex. All cards issued are the property of F.D.L.E. and must be surrendered upon expiration, renewal or termination of employment. By signing I acknowledge that I have read and agree to the above outlined terms of the F.D.L.E./Capitol Police access card procedures prior to being issued an access card. Additionally, I certify that the Personal Information Data contained herein are true, correct and complete.

Applicant's Signature: _____

SIGNATURE

DATE

Applicant's information is exempt from public disclosure pursuant to sections 119.071 and 281.301, Florida Statutes.

APPLICANT'S PERSONNEL OFFICE USE ONLY

Indicate applicant's required level of access for Agency head review and approval

Supervisor: Please print name clearly and sign.

PRINT SIGNATURE PHONE

Required Access Level: **Capitol Complex Employee** **Non-Capitol Complex Employee**

FULLTIME **OPS** **PARTIME**
 24hrs 6AM-6PM ONLY (No Weekends) 5PM-1AM (Custodial - No Weekends) 6AM-11PM (7 Days Week Access)

CAPITOL COMPLEX ACCESS

EXPIRATION DATE _____ / _____

Capitol Building E. Plaza, W. Plaza, LL N. & S

Capitol Pk. Level 1 East & West Doors

Senate Office Bldg. Entrance Level Access

House Office Bldg. Entrance Level Access

Elevator 13. Capitol S. Plaza Door & Senate Side Elevator

Elevator 14. Capitol N. Plaza Door & House Side Elevator

Knott Building North, South, East, West and 2nd Fl. Crossover Doors

Capitol Parking Madison Street Barrier

Old Capitol

Holland Bldg.

Governor's Stairs Gov. Personnel Approval Only

Authorization : _____

Secretary / Agency head (or Designee)

Alton L. "Rip" Colvin, Jr.

Executive Director

Governor Personnel Authorization

CAPITOL POLICE - INTER OFFICE USE ONLY

Card # _____ Siemens # _____ Dept. No. _____ Issue Date _____

COMPLEX ACCESS CARD APPLICATION