DCF-3027

DCF Photo ID Replacement Request Form

Please complete the following information in order to have your photo ID processed.

Last Name: _____

First Name: _____

Employee Title: _____

Office Telephone Number: _____

Supervisor's Name:_____
Circle and fill in appropriate division:

Central Office _____ **(Blue Badge)** **Exp Date:** _____

Area Office _____ **(White Badge)** **Exp Date:**_____

Facility _____ **(White Badge)** **Exp Date:**_____

Consultant _____ **(White Badge)** **Exp Date:**_____

Date of Birth: _____ **Height:** _____

Hair Color: _____ **Eye Color:** _____

Authorization/Contact
Signature:_____

(*e.g.*, Engineering, HR, Training Academy, Area Office Contact, Facility Contact)

Please call DPW Statewide Security at 860-713-5555 prior to your appointment to make sure the equipment is in the building and operational. They are located at 165 Capitol Avenue in Hartford.