

**COLORADO DEPARTMENT OF TRANSPORTATION
FACILITY ACCESS AUTHORIZATION REQUEST FORM**

Please Check One:

New Employee Full Time Part Time

Current Employee Full Time Part Time

Consultant/Contractor Company Name: _____ Contract End Date (mm/dd/yyyy): _____

**Note: New Full Time and Renewal Employee Badges will expire in 4 years from date of issue.
Part Time and Temporary Employee Badge will expire 9 months from issue date unless shorter term indicated.**

Is this a replacement Employee Badge? Yes No Other _____

If Yes: Original Badge Expired *For example: Adding Bicycle or Fitness Room Access*

Original Badge Lost

If Lost: 1st replacement ID Badge is at no charge to the employee

2nd replacement and each subsequent replacement ID Badge requires a replacement cost to the employee.

The employee will be charged the current prevailing replacement cost for the ID Badge.

Employee/Consultant Name (Please Print): _____

Employee's Personnel Number (last 5):

Assigned Organization/Department: _____

Manager/Supervisor/Project Manager Name (Please Print): _____

Manager/Supervisor/Project Manager Phone Number: _____

Manager/Supervisor/Project Manager Email Address: _____

Manager/Supervisor/Project Manager Signature: _____ Date (mm/dd/yyyy): _____

**Note: A CDOT representative must be present with all New Badge applicants without a signed form.
Replacement/Renewal badges must have completed and signed form.**

Please Check all that apply for your CDOT Region:

Level 1 Access

Level 2 Access

Level 3 Access

*** For Facility Access Determination, please see Appendix "A" of PD. 28.1**

Contractor/Consultant Door Access (Must be approved by CDOT Contracting Manager)

Access Required: Dates: From _____ To _____ Time: From _____ To _____

CDOT Contracting Manager signature: _____

Fitness Center (Requires signed waiver) Bicycle Storage Room (Requires signed waiver)

OIT Equipment Rooms (Must have OIT Manager Authorization) Other: _____

Notes