

MINNESOTA DEPARTMENT OF PUBLIC SAFETY CAPITOL COMPLEX SECURITY DIVISION ELECTRONIC KEYCARD APPLICATION



1.	Name					
2.	Department	Last	First	Division ———	Middle	
3.		Supervisor				
4.	Work Address	Building	Floo	r	Room Number	
5.	Date of Birth	-				
6.	Home Addres	S				
7.	Home Phone		Work Phone			
8.	Give a brief summary for reason or need for key card —————————————————————					
9.	A. Only the peB. The key caC. ViolationsD. When the pe	 The key card holder may not use the card to gain admittance for <u>any other person to any building</u>. Violations of these conditions for key card use will result in immediate revocation of the card. When the card is no longer required, or upon termination of employment, it shall be returned to the Department of Public Safety, Capitol Security Division, 50 Sherburne Ave, Room G27 of the Administration 				
10	PRIVATE DATA INFORMATION. The date of birth, street address and home phone number requested on this form are classified as Private Data by MGDPA M.S. 13.04. All other information on this form is public data. This information is requested on a voluntary basis: however, key cards will not be issued if the information is not furnished. Capitol Security personnel responsible for key cards are authorized to see and use this information. The street address and home phone number will be used to contact key cards that are no longer valid.					
11	SIGNATURE OF AGREE MENT.A. I have read and understand the above statement about private data.B. I have read, understand, and agree to the conditions of key card used.					
12	. Signature of <i>I</i>	Applicant			Date	
13	3. Agency App	roval ———			Date	
14. TitleDivision ———						
APITO	OL SECURITY A	CTION:				
Date	ite Issued		Approved	pproved Disapproved		
ssued	uedBy		Card #	Access Lev	Access Level(s)	
ardS	itatus: Lost	Stolen	Returned _	Damaged	Date	