**DOC Retiree Badge / Photo ID Card Request Form:**

Full Name: Employee ID #:

Former Division: Former Work Location:

Name Of Last Supervisor: Years Of Service:

 (If less than 20 years, explain below.)

Job Title / Rank At Retirement:

Request Is For: [ ]  Badge Only. [ ]  Photo ID Card Only. [ ]  Badge & Photo ID Card.

Additional Information:

Retiree Signature and Printed Name: Date:

**Application Review And Verification:**

Length of Service verified: [ ]  Yes [ ]  No

Retired in Good Standing: [ ]  Yes [ ]  No

Formerly Issued a Badge While on Active Duty: [ ]  Yes [ ]  No

**(Must be ‘Yes’ for retirees requesting a badge.)**

Former Supervisor Contacted: [ ]  Yes [ ]  No

Comments:

Commissioner or Designee Decision:

Approved [ ]  Denied [ ]

Commissioner or Designee Signature: Date:

**Distribution:**

Original: DOC Commissioner’s Office. Copy – DOC Badge of Authority Custodian (doc.trainingfiles@alaska.gov).