

CONTRACTOR ID FORM

MARICOPA COUNTY

401 W. Jefferson, Phoenix, Arizona 85003-2195

PHONE 602 506-8580

*Applicant Name: _____

*Card Expiration Date _____

** Not to exceed 6 months from issue date

***Eyes:**

___ Black
___ Blue
___ Brown
___ Gray
___ Hazel
___ Green

***Hair:**

___ Black
___ Blond
___ Brown
___ Gray
___ White
___ Red

***Gender:**

___ Male * ___ New
___ Female * ___ Lost
* ___ Damaged

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All badges must be returned to Protective Services office upon termination or completion of job.
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**TO BE COMPLETED BY COMPANY AUTHORIZED SIGNATORY AND
WILL BE ACCOMPANIED BY A COMPLETED BACKGROUND FORM**

*Company Name & Location: _____

*Title of Employee & Phone Number: _____

HOURS OF ACCESS

LIST BUILDINGS

___ *Business Hours Monday-Friday
___ *24 Hour Monday-Friday
___ *24 Hour Monday-Sunday

Authorized Signature _____ **Date** _____

Employee Signature _____ **Date** _____

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*** Required Fields**
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** Required access renewal on 6/30 and 12/31 until contract expiration date

Please bring this *completed* form with you to the Protective Services office located at 401 W. Jefferson, 4th Ave entrance under the sky walk, to receive an ID. A County ID badge is required to ride the shuttle and park in the surface lot so be sure to obtain your ID badge *PRIOR* to reporting to New Employee Orientation.