The State University of New York and the NYS Office of General Services
Application for Employee/Vendor Photo Identification Card

This Form Must Be Signed By Employee And Agency Photo ID Representative.
This Form Must Be Kept On File Within The Requesting Agency.

Type of ID

Application Submission Date: _____

New ☐

Replacement ☐

- ☐ Lost/Stolen
- ☐ Broken/Damaged
- ☐ Failed Access

Any Name Change _____ (PRINT NEW NAME)

I certify that the persons listed below are employees of, or firms having contracts with, the State of New York. Each person has given their consent to have the Department of Motor Vehicles provide their digitalized photograph, DMV ID# and signature to the Office of General Services to identify said person as an employee or vendor/consultant of New York State. This signed consent form has been recorded and is being maintained on file within this agency.

EMPLOYEE INFORMATION

Name: **EXACTLY** as it appears on **NYS Driver's License/ Non-Driver ID**	**EMPLOYEE SIGNATURE**
DMV ID# listed on **NYS Driver's License or NYS Non-Driver Identification Card** (only NYS accepted)	NYS employee ID#
Campus Location (Name/Code/Address)	Office/Attention:

Signature Certification: I give my consent to have the Department of Motor Vehicles provide my digitalized photograph, DMV ID# and signature to the Office for General Services to identify me as an employee or vendor/consultant of New York State. I understand the card will present only my photo and signature and will not display my driver ID number.

Signature: _____

LOCATION AND ACCESS LEVEL REQUIRED

Access Requested (Building) – (e.g. Justice Building; Capitol; LOB):
Access Requested (Level of Access) – (e.g. 24/7; daytime; weekdays):

All requests for 24/7 access require a written explanation of justification by the CAMPUS PRESIDENT.

President Signature:	**Campus:**
Phone:	**Email:**

Explanation of 24hr Access Requested:

THE STATE UNIVERSITY OF NEW YORK AND NYS OFFICE OF GENERAL SERVICES
AUTHORIZED AGENCY SECURITY ID REPRESENTATIVE

Authorized Agency ID Representative Name:	**Agency Name/Code:**	
Donald E. Bryda Amanda Harbinger- Alternate	28650 – SUNY Central Administration	
Signature:	**Phone Number:** (518)320-1500	**Work Location:** SUNY Plaza Building, 353 Broadway, Albany, NY 12246

NOTE: ALL EMPLOYEE PHOTO IDENTIFICATION CARDS REQUIRE 4-6 WEEKS FOR PROCESSING.

APPLICANT MUST ATTACH A COPY OF NYS DMV ID