

Today's Date

Do not write in this shaded space. For office use only

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_ Access Level \_\_\_\_\_

White Red Blue Other \_\_\_\_\_ Red Cross Student Faculty Other \_\_\_\_\_

## Access Control Card Application

NOTE! You must have a valid Safety & Access Agreement on file and must have read and agree to the terms set forth in the Access Control & Monitoring Policy. Both documents are available from <http://shopweb.eng.uah.edu>, or by email at: [collinss@uah.edu](mailto:collinss@uah.edu).

Name	<input type="text"/>	Area Code	Telephone	
User Type	<input type="text"/>	Dept.	<input type="text"/>	Email <input type="text"/>
Emergency Contact	<input type="text"/>	Area Code	Telephone	
Relationship to you	<input type="text"/>	Area Code	Telephone	

**Select all applicable access conditions below** (Refer to the Access Control & Monitoring Policy for the Terms & Conditions of group & individual access)

Classes I am a member of:	Groups / Teams I am a member of:	If you need access to the shop outside of Group or Team projects outside of normal daytime hours (M-F, 8-4), choose the applicable days / times below. This access is NOT automatic and is based on need and experience.
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>

List any Groups / Teams you are an officer of along with the title of your position.

I have read, understand, and agree to the terms of the EDPF Access Control & Monitoring Policy and have a current, signed Safety and Access Agreement on file. I agree to surrender the assigned card upon completion of the tasks for which it was requested or upon request by EDPF management. I agree to notify the EDPF management promptly should my card be lost, stolen, or misplaced; or if the conditions under which it was requested change. Replacement cards are \$25.00 for the first and \$ 50.00 for the second.

\_\_\_\_\_  
*Signature*  
*Sign here*