RANDOLPH COUNTY COURTHOUSE FACILITY
APPLICATION FOR COUNTY ISSUED IDENTIFICATION
COUNTY/STATE EMPLOYEES

NAME OF APPLICANT _____
LAST FIRST M.I.

DATE OF BIRTH _____

COMPANY NAME _____ PHONE# _____

BUSINESS ADDRESS _____

Requirement at Time of Application

1) Completed Application

I understand this I.D. badge cannot be loaned to another individual. I will not allow a person without a badge to accompany me through the card swipe entrances or carry unauthorized items into the courthouse. I further understand it is my duty to secure this badge, and agree to contact Security immediately at 318-6774 if lost or stolen. I understand this is a privilege, which can be rescinded in the sound discretion of the issuing authority.

Signature of
Applicant _____ Date _____

COST: THERE WILL BE NO CHARGE FOR COUNTY OR STATE EMPLOYEE'S FOR THEIR INITIAL CARD.

HOWEVER THERE WILL BE A $25.00 FEE FOR A DUPLICATE CARD IF LOST OR STOLEN.