**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](mailto:doc.trainingfiles@alaska.gov)).