



**NON-EMPLOYEE AND  
NON-TENANT AGENCY  
ACCESS CARD FORM**  
DCASPD DP-2572 (Rev. 05-15)



This form is to be used for Non-DCAS Employees or Non-Tenant Agency Employees such as Contractors, Consultants or Interns requiring a New, Title Change, or Replacement access card. The access card remains the property of NYC Department of Citywide Administrative Services.

1. Requesting Agency		Date Prepared	
2. Line of Service / Department (DCAS Only)			
3. Agency ID Card Liaison Contact / DCAS Project Manager			
4. Agency ID Card Liaison Contact / DCAS Project Manager Phone Number			
5. Applicant's Name		6. Applicant's Title	
7. Applicant's Date of Birth		8. Applicant's Soc. Sec # (If applicant is a NYC Employee, use Employee Ref #)	
9. Applicant's Address		10. Applicant's Company	
11. Type of Work to be Performed		12. Projected Start Date	13. Projected End Date
14. Card Type <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Intern <input type="checkbox"/> Item Writer <input type="checkbox"/> Monitor <input type="checkbox"/> New <input type="checkbox"/> Bio (Special Access) <input type="checkbox"/> Title Change <input type="checkbox"/> Reissue <input type="checkbox"/> Reactivation <input type="checkbox"/> Renewal <input type="checkbox"/> Name Change (Must provide a copy of a document with legal name change) <input type="checkbox"/> Lost (I understand that if my lost Access Card is found, I must return the Card as soon as possible to DCAS Police, One Centre Street 1st Floor, NY, NY 10007)			
15. Applicant Assigned to DCAS Facility		16. Floor	17. Phone Number
18. Identification Type Provided (Attach Copy) <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Driver License (Issued by State or U.S. Territory) <input type="checkbox"/> USCIS Issued Work Visa <input type="checkbox"/> NYC Municipal ID			
19. Applicant's Signature			20. Date
By signing this, I hereby acknowledge receipt of issued ID / Access Card. I understand that I am responsible to safeguard this card and that it must be returned to DCAS when directed to. I understand that if I lose the card, I am responsible to pay a lost fee of \$10.00 payable to NYC DCAS.			
21. Agency ID Card Liaison Contact/Chief Management Officer Name		22. Agency ID Card Liaison Contact/Chief Management Officer Signature	

**DO NOT WRITE BELOW, FOR DCAS AUTHORIZED PERSONNEL ONLY**

<input type="checkbox"/> CODED <input type="checkbox"/> NON-CODED		23. Expiration Date	24. Previous Card Number	25. New Card Number
26. Approved By Name	27. Approved By Signature	28. Issued By Name	29. Issued By Signature	