

# BAY AREA RAPID TRANSIT DISTRICT

## REQUEST FOR IDENTIFICATION FORM

This form is used to **request a BART ID Card** for a *Contractor, Vendor or Safety Monitor*. (If Network access is needed, you must complete section IV of this form, as well as complete the Security Request Form.)

\*\*\*All persons requiring an ID are required to undergo a criminal records check administered through the BART Police Department (BDP) as noted in Management Procedure 16, Section L. BPD will collect a set of fingerprints from a prospective vendor, contractor or consultant and request a criminal records check from the State of California Department of Justice (DOJ), Bureau of Criminal Information and Analysis. Upon receipt of criminal history information from DOJ, BPD will notify the appropriate department whether the applicant is eligible for an Identification Card. All DOJ records will be kept confidential by BPD as required by law.

Please return this completed form to [hris@bart.gov](mailto:hris@bart.gov) AFTER you have received an emailed confirmation of DOJ Clearance from BPD and input date below:

DOJ Clearance Receipt Date:

### REQUESTOR INFORMATION

Name:	Department Number:		
Extension:	Email:		
Check One: Project Manager	Department Manager/Supervisor	Real Estate (Vendor)	Other _____

### CONTRACTOR INFORMATION

Name:	Department Number:	
Start Date:	Expected Assignment End Date:	
Project Title:	Primary Work Location:	
Phone: Cell Home	Other Location Access:	
Contractor's Employer/Company Name:		
Check One: Consultant/Contractor Photo ID	Safety Monitor ID Card	Real Estate (Vendor)
Select All Applicable:		
<input type="checkbox"/> Transportation (To request a <b>Riding Pass</b> obtain <b>Passes/Permit Request Form</b> from the WebBART portal and complete as instructed)		
<input type="checkbox"/> Network Access (See instructions below)		
1. Complete the following <b>additional personal information only if network or email access is being requested.</b>		
2. Obtain the <b>Security Request Form</b> from the WebBART portal and complete as instructed		
**Address:	**SSN:	** Male Female
**City:	**State:	**ZIP Code:

### APPROVED BY (MANAGER OR SUPERVISOR)

Name:	Date Approved:
Email:	Department Number:

### HR USE ONLY

Assigned ID#:	Date of Input:
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