

**Department of Finance and Administration**  
**Statement of Appropriate, Acceptable Use of the Access Card (DFA/ACS04)**

|               |                      |                     |
|---------------|----------------------|---------------------|
| Name (Print): | Agency Name (Print): | Access Card Number: |
|               |                      |                     |

**General Instructions**

The Department of Finance and Administration (DFA) is the issuing and monitoring agency for the access card (badge). This card has an electronic chip that can be read by card readers at various points of entry throughout the Capitol Complex. To use the card for access to restricted State facilities:

- Hold the card directly in front of the reader.
- If your card is authorized for access at that point of entry, the red light on the reader will change to green.
- Once the light changes to green, pull the door open.

**Notes:**

- Do not hold open a door unlocked by a card reader. This causes an alarm in the Capitol Police Command Center.
- Do not bend the access card, this will damage the electronic chip.

**Appropriate Use Policy**

Please read the following statement carefully. Use of this card implies consent to abide by these statements. A signed copy of this form will be on file with the Department of Finance and Administration.

- I understand I am the only person authorized to enter a designated State facility with this card.
- I understand this card is for my use only and may not be used by any other individual.
- I understand this access card is state property and should be used for access to designated state facilities.
- I understand this access card is to be used only for official state purposes.
- I understand if this card is used improperly, lost, or damaged, I may be subject to replacement charges and/or deactivation of the card.
- I understand if this card is used improperly, I may be subject to disciplinary action or criminal prosecution.
- I agree if I leave my present position, I will surrender this access card to my immediate supervisor.
- **I agree if this card is lost or stolen, I will immediately contact the DFA Capitol Police at (601) 359-3125.**

\_\_\_\_\_  
 Cardholder's Signature

\_\_\_\_\_  
 Date