

CARD ORDER FORM

Processed By: _____ **Date Processed:** _____

(This section is required to be completed by OSB only)

Subject Name: _____	___ Contractor ___ Federal Agency: _____
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LOST/STOLEN CARD

	Duty Location:
	Contact Work Phone Number:
	Contact Work Email Address:
	Supervisor Name and Phone Number:
	Date of Loss:
	Time of Loss:
	Was this loss attributed to theft: NO Yes *If this loss was attributed by theft, please provide police report number/information if applicable
	What occurred with loss: MISPLACED STOLEN OTHER: If "Other" Please explain:

DAMAGED CARD

	Duty Location:
	Contact Work Phone Number:
	Contact Work Email Address:
	Supervisor Name and Phone Number:

Checking this box certifies that you understand the PIV Card will be replaced as required

*If the damaged card in your possession is not allowing you to log into the network, please contact the help desk and inform them of your situation, they will issue you a waiver to use username and password until your new badge is delivered. VPN/Telework is not possible while working on a waiver.

*IBC Denver Campus ONLY: If the damaged card in your possession is not allowing you into the building(s), please stop by at facilities in Building 7301, Room 410 and obtain a temporary badge until your new badge has printed and delivered.