



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 FMDC/SECURITY  
 AUTHORIZED REPRESENTATIVE AND POINT OF CONTACT AGREEMENT

As an Authorized Representative or delegated Point of Contact (POC), I agree and understand that I am responsible for ensuring State ID Badge and access requests are done in accordance with State ID Badge Requirements and Policy.

I understand that each individual must complete all necessary background checks as required by my Department or governmental entity prior to submission of the State ID Badge/Building Access Application.

I understand that the State ID Badge/Building Access Application is complete and all information is submitted to the appropriate badge office for processing. I must confirm that the first and last name indicated on each State ID Badge/Building Access Application matches what appears on the driver's license or other Government-issued ID of the individual. I understand that incomplete forms may result in delays in processing or a badge not being issued.

I understand to ensure safety and security, non-public or after-hours access to State-owned or leased buildings shall be limited to an absolute minimum, consistent with requirements for accomplishing assigned functions or tasks. FMDC may seek additional information to process the requested access.

Name	Title
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Department	Division
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Please indicate what locations, regions, or divisions authorized for:

Signature	Date
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Authorized Representative	Title
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Authorized Representative Signature	Date
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