

MEMORANDUM

TO: FMDC Badge Office/State ID Process

FROM: _____

DATE: _____

DEPARTMENT: _____

RE: Authorized Representative Changes

Employee Name _____

Address _____

E-Mail Address _____ Phone Number _____

For the Division of _____

- Needs to be **added** **removed** as an authorized **Signature Authority** (will be authorized to sign badge applications, request replacements or access changes and share confidential information)
- Needs to be **added** **removed** as a **Point of Contact** (point of contact **only**, will be able to request reports, liaise for the Signature Authority and can request a deactivation, will not be authorized to sign applications or request replacement or access changes)
- Needs to be **added** **removed** as **Appointing Authority** (will be authorized to make authority changes, sign applications and share confidential information)

Authorized for: Local office only Statewide Other _____

Printed Name of Appointing Authority

Title:

Signature of Appointing Authority

Date:
