



Cox Communications Badge Identification Request Form

Badges will not be created without a valid state ID or driver's license.

This form must be completed and submitted to Security prior to badge being issued.

This form is valid for **ten business days** once signed by a Cox Manager.

Badging Officer Contact Phone Number –Copley:858-245-3206 Federal:619-266-5495 Towne Centre 949-563-8911

Cox Email submission - CCICAL-BadgeAccess@cox.com

Contracting Company Employee Information

First Name _____ Middle Name _____ Last Name _____

Social Security Number (Last 4) _____ Date of Birth (MM/DD/YYYY) _____

Company Name _____

Badge Holder Mobile Phone Number: _____

Lost / Replacement Badge: Yes / No Renewal Badge: Yes / No BioMetric Badge: Yes / No Workforce Logic Applicant: Yes / No

Contracting Company Manager Authorization

Person Authorizing badge (PLEASE PRINT): _____ Contact Number: _____

Signature: _____ Date: _____ Contract term dates _____

By signing this form as a leader with my contracting company, I am certifying that a background and drug screen has been completed and the results are acceptable.

Responsible Cox Manager Authorization (If STC/MTC access is required a director or above must sign below)

Print Name: Robert Segroves Contact Number: 949-235-9119

Building Access Needed (please specify) No

If FM-200 equipped facility access is needed, has the required FM-200 Fire Suppression training been completed: Yes / No

Signature: Robert Segroves Date: _____

By signing this form as a leader of Cox Communications, you are certifying that a background and drug screen has been completed and meets the standards set forth by Cox Communications.

Cox Point of Contact

Print Name: Robert Segroves Contact Number: 949-235-9119

Contracting Company Employee

Person receiving badge (PLEASE PRINT): _____

Signature: _____ Date: _____

Do not write below this line

For Badging Use Only

Do not write below this line

Initials: _____ Market: _____

Date of Badge Request: _____ Scheduled Appt Date: _____

Effective Date: Start: _____ End: _____

Infomart Check Completed and Attached: Yes / No Co-location Customer Letterhead Attached: Yes / No

DL #: _____ DL State: _____ Other #: _____ Badge #: _____