



Initials: \_\_\_\_\_  
 DL #: \_\_\_\_\_  
 DL State: \_\_\_\_\_  
 Badge #: \_\_\_\_\_

**Cox Communications Badge Identification Request Form**

Badges will not be created without a valid state ID or drivers license

This form must be completed and submitted to Security, Risk, & Safety prior to badge being issued

This form is valid for five business days once signed by a Cox Manager

Badging Officer Contact Phone Number - 702.545.1180

Email submission - CCILAS-badgingoffice@cox.com

Date of Badge Request: \_\_\_\_\_ Scheduled Appt Date: \_\_\_\_\_  
 Infomart Check Completed: Yes / No Workforce Logic Applicant: Yes / No Call Center  
 Renewal Badge: Yes / No Lost Badge Replacement: Yes / No  
 Infomart Confirmation Attached Yes / No

**Cox Contractor Representative Information**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number (Last 4) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Company Contact Person & Phone Number \_\_\_\_\_  
 Department assignment/title: \_\_\_\_\_

**Contracting Company Manager Authorization**

Person Authoring badge (PLEASE PRINT): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**

Print Name: JAMES SZOTT Contact Number 702-545-1371  
 Building Access Needed (please specify)     
 If colocation access is needed, has the required FM-200 Fire Suppression training been completed: Yes / No  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Contracting Company Representative**

Person receiving badge (PLEASE PRINT): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form as an employee with your company, you are certifying that a background, drug screen, and any applicable training has been conducted and passed. You agree to return this badge to your manager or to Cox Communications upon request.