

Representative Photo ID Form

By signing this application, I consent to the following Agreement:

I am voluntarily applying for a photo identification badge ("badge") to access the hearing rooms and lobbies of the Ohio Industrial Commission ("Commission"). I agree that access is limited to the Commission's hearing rooms and lobbies during regular business hours. I agree not to use the badge for any other purpose. Specifically, I agree not to use the badge to access other areas on the Commission's premises or any other State of Ohio facility. I concede that I may not use the badge to obtain any State of Ohio or other government discounts and/or benefits provided to State employees. I agree that the badge is non-transferable and non-assignable. I agree that any attempt to use the badge for any unauthorized purpose will result in forfeiture of the badge. I release the Commission from any claim or suit against the Commission or any person acting on its behalf for any and all damages that result from my use of the badge. I understand that this application and subsequent badge are for security purposes only and are not "public records."

If the badge is lost or stolen at any time, I shall immediately report it as missing to the Commission. In such an event, the badge will be deactivated and will no longer provide access to the Commission's hearing rooms, lobbies or ICWIFI access.

The badge I am applying for is (check box):

- New** – a badge has never been issued to me.
- Exchange** – the old style Blue Visitor Bar badge will be exchanged for a new Red Visitor Bar badge. Please note that the old style Blue Visitor Bar badge **must** be returned in order to receive the new Red Visitor Bar badge.
- Lost** – A new Red Visitor Bar badge will be issued and the lost badge will be deactivated.
- Damaged** – A new Red Visitor Bar badge will be issued and the damaged badge will be deactivated and must be returned in order to receive the new badge.

I will pick my badge up at the _____ IC Office location.

Signature Acknowledging Terms: _____ Date: _____

COMPLETE THE FIELDS BELOW	
Attorney/Rep Name:	Photo ID #: <i>(internal use only)</i>
Firm Name:	Rep ID #:
Firm Address:	Primary Phone #:
	Secondary Phone #: <i>(optional)</i>
	Email:

PLEASE NOTE: We ask that you properly store and handle your photo ID card to reduce abnormal wear and tear. Keep the card away from extreme heat, direct sunlight or excessive water. Do not bend or twist the card.