



# ACKNOWLEDGMENT OF RECEIPT OF BADGE

I affirm I have been issued a Department of Corrections badge. Number: \_\_\_\_\_

I acknowledge the badge is Department property and agree to return it to the Department upon any separation of my employment, transfer to a different location, or leaving a position authorized to carry a badge.

I will carry the badge only for the purpose of identification while in the official performance of my duties/Department related business and as required. I will not loan the badge to another employee.

I will immediately report a missing or stolen badge to my supervisor. I may be responsible for loss of or damage to the badge resulting from my own negligence or unauthorized actions.

I have reviewed a copy of DOC 400.230 Badges and Identification Apparel and agree to follow the policy.

\_\_\_\_\_  
Recipient Signature Date

\_\_\_\_\_  
Witness Signature Date

### OFFICE USE ONLY

**Badge Disposition:**     Reported Missing/Stolen     Returned to Department     Retired/Memorial

**IMRS Number** (if applicable): \_\_\_\_\_ **Approved for Retirement/Memorial by:** \_\_\_\_\_

**Authorized for disposition by:** \_\_\_\_\_ **Disposition Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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