



**Forsyth County General Services Department**  
**201 N. Chestnut Street**  
**Winston-Salem, NC 27101**  
**hoj.ids@gmail.com**  
**(336) 703-2200**

**APPLICATION FOR COUNTY ISSUED HALL OF JUSTICE IDENTIFICATION BADGE**  
**AGENCY**

REASON FOR APPLICATION:      RENEWAL                      LOST                      NEW

NAME OF APPLICANT: \_\_\_\_\_  
Last    First    M.I.

EMAIL ADDRESS: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**Certification of Agency Director:**

I certify the person above is employed by stated agency and that a background check has been completed for this employee. I understand I must make every effort to retrieve this ID badge and turn it into General Services when this person is no longer employed by the stated agency.

Signature of Agency Director \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE READ BEFORE SIGNING BELOW:**

If approved, I agree to pay a fee of \$10.00 **(by check or money order payable to Forsyth County General Fund)** due upon receipt of badge.

I will present my ID badge to Security Personnel upon every entrance into the Hall of Justice.

I understand I will be required to pass through security screening if I cannot produce my ID badge upon entry into the Hall of Justice and I agree to pass through security screening if such an event occurs.

I will maintain my ID Badge on my person and visible at all times while in the Hall of Justice.

I understand the ID badge issued to me cannot be loaned to anyone and agree I will not loan it to anyone.

I will not carry unauthorized items into the courthouse, including weapons or objects that could be used as a weapon.

It is my duty to secure my ID badge. If it is lost or stolen, I agree to contact the Forsyth County General Services Department at (336)703-2200 immediately to report the missing badge.

I understand the ID badge issued to me is Forsyth County property, and as such, privileges may be rescinded by the Forsyth County Hall of Justice Security Committee.

I understand my photo ID badge expires every two years and I must pay a subsequent bi-annual renewal fee of \$10.00 to maintain my badge privileges.

If I change agencies or my name, I will notify Forsyth County General Services to make arrangements to update my information and be issued a new ID badge, if necessary. I will notify the County and make arrangements for a new ID badge no later than 10 days after the effective date of the change(s).

If I am no longer employed by my certifying agency, I will notify Forsyth County immediately to surrender my ID badge.

I agree to pay a \$10.00 replacement fee for lost or stolen badges or in case of name change.

Any violations of the terms listed here may result in suspension or revocation of ID badge privileges, being found in contempt of court, and a fine.

**I have read the policies regarding the use of this badge and will adhere to the specified terms.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

GS Employee Name

ID Badge #