



# ATTACHMENT P.6

## VRE Key, Fare Exempt Pass & Badge Agreement Form

REVISED: 1-10-07  
REVISED: 1-28-04  
REVISED: 6-6-03

ISSUE DATE: 3-20-03  
ISSUED BY: Construction and Facilities Department/Customer Communications

Name: \_\_\_\_\_

Title/Company \_\_\_\_\_ Department \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager/ID \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New form     Form Change\*    Date of original form: \_\_\_\_\_

\*Only items being revised should be marked. Revised, signed form should then be attached to original form.

Is change due to loss or damage of key(s) or badge  Yes  No

If yes, is replacement cost being levied\*?  Yes  No (proof of payment should be attached prior to reissue).



### **KEYS**

Key Type Requested: \_\_\_\_\_ Number of Units Requested: \_\_\_\_\_

Key Type Requested: \_\_\_\_\_ Number of Units Requested: \_\_\_\_\_

Key Type Requested: \_\_\_\_\_ Number of Units Requested: \_\_\_\_\_

Key Type Requested: \_\_\_\_\_ Number of Units Requested: \_\_\_\_\_

Key Type Requested: \_\_\_\_\_ Number of Units Requested: \_\_\_\_\_

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

Date Returned: \_\_\_\_\_ To: \_\_\_\_\_

Reason for issue: \_\_\_\_\_

**BADGE** Access Badge Number: \_\_\_\_\_ (Assigned by VRE)

Access Privileges (Front & Back Door) - Hours:

- 24 hours (includes weekends)
- 4am-8pm, M - F
- 7am-7pm, M – F

Access Privileges – VRE Offices

- Lost & Found
- CEO Office
- Marketing Storage
- Personnel Office
- Comm Room
- Fredericksburg Office
- IT Closet
- IT Office

Access Privileges – Rail Yards

- Broad Run Yard
- Crossroads Yard
- Train Master Office
- Quantico Hot Site

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

Date Returned: \_\_\_\_\_ To: \_\_\_\_\_

Reason for issue: \_\_\_\_\_

**YARD GATE ACCESS**

Gate Access Code Assigned: \_\_\_\_\_  Individual Code  Company Code

Reason for Request: \_\_\_\_\_

Alarm Code Assigned: \_\_\_\_\_ Date Code Expires: \_\_\_\_\_

**FARE EXEMPT PASS**

Reason for Request: \_\_\_\_\_

AED Class Date: \_\_\_\_\_

Pass Number Assigned: \_\_\_\_\_ Date Pass Expires: \_\_\_\_\_

**SIGNATURES:** Upon issuance of an access badge and/or key(s), my signature will represent consent that I have read and agree to uphold the requirements listed below.

1. Keys, Fare Exempt Pass and Badges are VRE property and must be returned immediately upon separation with VRE or corresponding VRE partner.
2. Keys and Badges cannot be duplicated, loaned out or transferred.
3. If keys and Badges are lost, it must be immediately reported to the employee's manager who will then notify the Superintendent Operations, Safety, and Security and the Facilities Manager.
4. The replacement cost is \$65.00 for keys and \$25.00 for the badge (unless waived for cause).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager(s): Signature of employee's manager/VRE sponsor required for new issue and any changes.  
Signature of two senior staff required if Master Key being issued temporarily.

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

CEO - required for use of Master Key \_\_\_\_\_