

"EMPLOYER" STATUS REQUESTS				
Date: _____ LIMIT OF TWO FORMS PER DAY TO DPS (No more than 12 names per day)			Processed by DPS _____ (date and badge)	
TO: DPS Applicant Clearance Card Team FAX #: 602-223-2047 Phone #: 602-223-2279	FROM:		Check one box: <input type="checkbox"/> Status request only <input type="checkbox"/> Status request and request to update employer information. Mandatory: Provide ARS code(s) that require your employees to have a clearance card here: _____	
	Contact Person: _____ Telephone #: _____			
	Company Name: _____			
	Address (street, city, state, zip): _____			
FAX #:	ALL INFORMATION IN THIS BOX MANDATORY			
Mandatory	<u>One or more of these three columns must be completed to process request</u>			This column for DPS response ONLY L1=Level One Card DR=Driving Restricted Card
Last name, First Name	SSN	Card # / Issue Date	Application #	Status (Refer to box checked)
		#: Issue Date:		<input type="checkbox"/> Valid L1 Card <input type="checkbox"/> In process <input type="checkbox"/> Invalid <input type="checkbox"/> Valid Reg Card <input type="checkbox"/> Not in system <input type="checkbox"/> Pending Reprint <input type="checkbox"/> App Completed <input type="checkbox"/> Valid L1 ** <input type="checkbox"/> Valid Reg ** **ADDITIONAL INFO ON CARD. REFER TO CARDHOLDER CLEARANCE CARD.
		#: Issue Date:		<input type="checkbox"/> Valid L1 Card <input type="checkbox"/> In process <input type="checkbox"/> Invalid <input type="checkbox"/> Valid Reg Card <input type="checkbox"/> Not in system <input type="checkbox"/> Pending Reprint <input type="checkbox"/> App Completed <input type="checkbox"/> Valid L1 ** <input type="checkbox"/> Valid Reg ** **ADDITIONAL INFO ON CARD. REFER TO CARDHOLDER CLEARANCE CARD.
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