



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE**  
**BADGE FORM**  
**PLEASE PRINT**

**SECTION I**

Employee Name \_\_\_\_\_

Position Title \_\_\_\_\_

Division \_\_\_\_\_ Location \_\_\_\_\_

**SECTION II**

Processed by \_\_\_\_\_ Title: \_\_\_\_\_

Date Issued \_\_\_\_\_ Badge Number \_\_\_\_\_

**SECTION III**

Reason for Replacement Badge *Please provide written explanation*

Lost \_\_\_\_\_

Destroyed \_\_\_\_\_

Damaged \_\_\_\_\_

Other \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_

*Send a copy of this form explaining circumstances to the Senior Manager of your division for replacement of badge.*

**SECTION IV**

Badge is returned due to:

Termination \_\_\_\_\_

Death of Employee \_\_\_\_\_

Other \_\_\_\_\_

Enclosed is Badge Number \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**SECTION V**

I acknowledge that I have given the above employee a copy of the agency's policy and procedures regarding badges and have advised him/her to seek any clarification for its proper use and control from me.

\_\_\_\_\_  
Supervisor's Signature

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

\_\_\_\_\_  
Date

I recognize the badge of the Department of Juvenile Justice as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the criminal justice profession. I have read the agency's policy and procedures completely and will adhere to the proper use and control of this badge.

\_\_\_\_\_  
Employee's Signature

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

\_\_\_\_\_  
Date