



Please use Black or Blue Ink ONLY!

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

**Please Check Applicable Boxes:**

- Associate
- Intern
- OneSight
- Service Provider
- Temp / Consultant / Contractor

EssilorLuxottica Supervisor: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Department: \_\_\_\_\_

Department Floor and Area: \_\_\_\_\_

Associate / Worker's Title: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Emergency Contact (Person): \_\_\_\_\_

Emergency Contact Phone # ('s): \_\_\_\_\_

Vehicle Description (Make Model, Color): \_\_\_\_\_

Start Date: \_\_\_\_\_

Vehicle License Plate (w/State): \_\_\_\_\_

**Normal Access (working hours) = Monday - Friday from 5:30 am to 7:00 pm**

**Facility(s) needing access to:**

**For access to restricted access areas please reach out to your local AP team**

- NY - Port Washington
- NY - 420 Building
- NY - 1 West
- CSC - Mason
- DAL - North Creek
- DAL - Creekview
- DAL - ITC
- ROC

New York City [New York AP Team](#)

Port Washington [New York AP Team](#)

Dallas Campus [Dallas AP Team](#)

CSC - Mason [Mason AP Team](#)

PRINT NAME

SIGNATURE

**Supervisor Approval (Required):** \_\_\_\_\_

**Asset Protection Approval:** \_\_\_\_\_

**For Use by Asset Protection Only**

Velocity Profile Setup Date: \_\_\_\_\_

Badge Stamp # \_\_\_\_\_

Door Group Assigned: \_\_\_\_\_

Badge Printed Date: \_\_\_\_\_

Velocity Profile Setup By: \_\_\_\_\_

Velocity Photo # / Taken By: \_\_\_\_\_

Parking Pass # \_\_\_\_\_

Badge Printed By: \_\_\_\_\_

Please provide a front-facing headshot with a blank background (can be taken on a phone)

Facial Recognition Technology Notice

EssilorLuxottica collects and uses Facial Recognition Data (“FR Data”) derived from Facial Recognition Technology (“FR Technology”) at the EssilorLuxottica Mason CSC in accordance with its Facial Recognition Policy. By requesting a security access badge, individuals accessing CSC facilities acknowledge and consent to the collection and use of FR Data through Luxottica’s use of FR Technology.

Parking Policy Acknowledgement

I acknowledge that I have received, read, and understand the EssilorLuxottica Parking Policy. I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment.

\_\_\_\_\_  
Associate Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Lux ID / Contractor ID