

U.S. DEPARTMENT OF ENERGY
SECURITY BADGE REQUEST

TO: Headquarters Physical Protection Team		(J) DATE: _____
(A) FROM: NAME (printed) AND SIGNATURE OF DOE SPONSOR HAVING LIAISON WITH APPLICANT		(K) U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COUNTRY _____
(B) TITLE _____ DIVISION/OFFICE _____		(L) REQUEST APPLICANT BE ISSUED: <input type="checkbox"/> DOE HEADQUARTERS SITE-SPECIFIC SECURITY BADGE (Used at HQ ONLY) (Check One): <input type="checkbox"/> "BAO" TO HQ Facilities <input type="checkbox"/> "FOREIGN NATIONAL" <input type="checkbox"/> DOE STANDARD SECURITY BADGE (Used at HQ AND Other DOE Sites): (Check One): <input type="checkbox"/> "Q" <input type="checkbox"/> "L" <input type="checkbox"/> "BAO" (Also Check): <input type="checkbox"/> OGA <input type="checkbox"/> IPA
I certify that the applicant requires access to a DOE HQS facility to conduct Official DOE business.		(M) BADGE AT: <input type="checkbox"/> FORSTL <input type="checkbox"/> GTN
(C) DOE Sponsor Telephone Number. (____) ____ - _____		CONTRACT NUMBER: _____
(D) NAME OF APPLICANT (Last) (First) (Middle Name)		CONTRACT EXPIRATION DATE: _____
(E) SOCIAL SECURITY NUMBER _____ - _____ - _____		(N) EMPLOYER CERTIFICATION I certify that a DOE security badge is required for the applicant to perform official duties in a DOE facility. Pre-employment checks were conducted in accordance with company policy, all checks were favorable; and the applicant was found to be suitable for employment.
(F) APPLICANT'S EMPLOYER NAME (Company Name)		_____ Printed Name and Signature _____ Date _____
(G) EMPLOYER ADDRESS:		I concur that the applicant requires access to a DOE facility to perform official duties.
(H) EMPLOYER Telephone Number. (____) ____ - _____		_____ Printed Name and Signature of COR, Routing Symbol _____ Date _____
(I) PRIME CONTRACTOR NAME:		I concur that the applicant requires access to a DOE facility to perform official duties.
		_____ Printed Name and Signature HSO (or Federal Designate), Routing Symbol _____ Date _____

PRIVACY ACT STATEMENT ON REVERSE

DOE F 473.2 INSTRUCTIONS

- (A), (B), & (C) **FROM: NAME (printed) AND SIGNATURE, TITLE, DIVISION/OFFICE, AND TELEPHONE NUMBER OF DOE SPONSOR HAVING LIAISON WITH APPLICANT**
Provide printed name and signature, title, office, and telephone number of DOE Federal employee sponsoring and certifying applicant's need for a security badge.
- (D) & (E) **APPLICANT'S NAME AND SOCIAL SECURITY NUMBER (SSN)**
Applicant's FULL NAME (Last, First, and Middle) AND SSN.
- (F), (G), & (H) **APPLICANT'S EMPLOYER NAME, ADDRESS, & TELEPHONE NUMBER**
Name, address, and telephone number of the company employing the applicant requiring a security badge.
- (I) **PRIME CONTRACTOR NAME**
Name of company listed as the Prime Contractor for the DOE Contract.
- (J) **DATE**
Date request is being submitted.
- (K) **IS THE APPLICANT A U.S. CITIZEN?**
Check YES or NO. If NO, then indicate the country of citizenship.
- (L) **INDICATE BADGE TYPE TO BE ISSUED**
DOE HEADQUARTERS SITE-SPECIFIC SECURITY BADGES are Issued to:
- Uncleared (Building Access Only - BAO) contractor employees or other personnel who perform work or require access ONLY at DOE HQ Facilities.
- Foreign Nationals
DOE STANDARD BADGES are Issued to:
- Contractor, Other Government Agency (OGA), or Intergovernmental Personnel Act (IPA) employees with DOE HQS clearances.
- Uncleared BAO contractor, OGA, or IPA employees who require access to DOE HQS and other DOE Sites.
NOTE: If the applicant is an OGA or IPA employee, ALSO check the appropriate OGA or IPA box provided.
- (M) **BADGE AT**
Check where the applicant is to be badged; Forrestal or Germantown. The DOE F 473.2, must be forwarded to the appropriate badge office location.
CONTRACT NUMBER & EXPIRATION DATE
Provide the Contract Number and Expiration Date of the DOE Contract.
- (N) **EMPLOYER CERTIFICATION**
Designated person employed with the applicant's company authorized to sign the certification.
CONTRACTING OFFICER REPRESENTATIVE (COR) & HEADQUARTERS SECURITY OFFICER (HSO) CONCURRENCES
Printed name/signature and date of the DOE Federal COR overseeing the contract. The printed name/signature and date of the HSO (or Federal employee delegated in writing to sign for the HSO) supporting the DOE Federal Sponsor.

OMB BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information Collection Project (1910-1800), U.S. Department of Energy, Washington, DC 20874-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

Privacy Act Statement Contractor/Consultant Badge Information Request

- (A) This request is authorized by Pub. L. 95-91 (42 U.S.C. 7101) and Pub. L. 83-703 as amended (42 U.S.C. 2201) and Executive Order 12958. The submission of information is requested for all DOE contractor employees and Consultants.
- (B) The information is intended to establish identification and control access to DOE and DOE contractor facilities.
- (C) The uses which may be made of requested information consists of use by the Security Office, and DOE contractors to control access to DOE, and DOE contractor facilities.
- (D) Failure to provide sufficient information to enable identification may result in denial of access to DOE, and DOE contractor facilities.

FOR USE BY HEADQUARTERS OPERATIONS ONLY	
SITE-SPECIFIC SECURITY BADGE <input type="checkbox"/> "ACCESS ONLY" <input type="checkbox"/> "FOREIGN NATIONAL"	DOE STANDARD SECURITY BADGE <input type="checkbox"/> "Q" <input type="checkbox"/> "L" <input type="checkbox"/> "UNCLEARED"
DOE NUMBER: _____ DATE: _____ CHECKED BY: _____	_____ Headquarters Security Operations