

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?      YES      NO      IF NO, COUNTRY
(B) TITLE      DIVISION/OFFICE	(L) REQUEST APPLICANT BE ISSUED: DOE HEADQUARTERS SITE-SPECIFIC SECURITY BADGE (USED AT HQ ONLY) (CHECK ONE):      "BAO" TO HQ Facilities      "FOREIGN NATIONAL" DOE STANDARD SECURITY BADGE (Used at HQ AND Other DOE Sites): (CHECK ONE):      "Q"      "L"      "BAO"      (Also Check):      OGA      IPA
I certify that the applicant requires access to a DOE HQS facility to Conduct Official DOE business	(M) BADGE AT:      FORSTL      GTN CONTRACT NUMBER: CONTRACT EXPIRATION DATE:
(C) DOE Sponsor Telephone Number:	
(D) NAME OF APPLICANT (Last)      (First)      (Middle Name)	(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
(E) SOCIAL SECURITY NUMBER	Printed Name and Signature      Date
(F) APPLICANT'S EMPLOYER NAME (Company Name)	I concur that the applicant requires access to a DOE facility to perform official duties.
(G) EMPLOYER ADDRESS:	Printed Name and Signature of COR, Routing Symbol      Date I concur that the applicant requires access to a DOE facility to perform official duties
(H) EMPLOYER Telephone Number	Printed Name and Signature HSO (or Federal Designate), Routing Symbol      Date
(I) PRIME CONTRACTOR NAME:	

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 named and signature, title, office and telephone number of DOE Federal employee sponsoring and certifying applicants' 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 to exist data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Health, Safety and Security’s Office of Physical Protection (HS-91), U.S. Department of Energy, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

Privacy Act Statement Contract/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. The submission of information is requested for all DOE contractor employees and Consultants
- (B) The information is intended to establish identification of 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		DOE STANDARD SECURITY BADGE
“ACCESS ONLY”	“FOREIGN NATIONAL”	Q” “L” “UNCLEARED”
DOE NUMBER:  DATE:  CHECKED BY:		Headquarters Personnel Security Operations