

**U.S. DEPARTMENT OF ENERGY
LOST OR STOLEN BADGE REPLACEMENT**

COMPLETE BLOCKS 1 THROUGH 8, DIGITALLY SIGN BLOCK 9, HAVE YOUR SUPERVISOR DIGITALLY SIGN BLOCK 10 AND SEND THE REQUEST ELECTRONICALLY TO THE BADGE OFFICE (BADGEOFFICE@HQ.DOE.GOV).

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| 1. NAME (LAST, FIRST, MIDDLE) | | 2. TELEPHONE NUMBER | |
| 3. TODAY'S DATE | | 4. ORGANIZATION | 5. FEDERAL SUPERVISOR or MANAGER'S NAME |
| 6. TYPE BADGE HSPD-12 <input type="checkbox"/> LOCAL <input type="checkbox"/> | 7. REASON FOR THE REQUEST LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> | | |
| 8. PLEASE PROVIDE A DETAILED EXPLANATION FOR THE LOSS OF YOUR BADGE. INCLUDE SPECIFIC INFORMATION ON WHEN YOU MAY HAVE LOST IT, WHERE YOU MAY HAVE LOST IT, CIRCUMSTANCES SURROUNDING ITS LOSS AND STEPS TAKEN TO RECOVER IT | | | |
| NOTE: | | | |
| 1. MISUSE OF A BADGE THAT IS REPORTED LOST/STOLEN IS A VIOLATION OF SECTION 499 and 701, TITLE 18, U.S. CODE. | | | |
| 2. IF THE LOST/STOLEN BADGE IS FOUND, RETURN IT TO THE BADGE OFFICE. | | | |
| 3. THERE WILL BE A FIVE DAY WAITING PERIOD FROM THE DATE THIS FORM IS SUBMITTED TO THE BADGE OFFICE BEFORE THE BADGE WILL BE REPLACED. | | | |
| 9. EMPLOYEE'S SIGNATURE | | 10. SUPERVISOR'S SIGNATURE | |
| 11. APPROVED BY: | 12. SIGNATURE: | | 13. DATE: |
| 14. DATE CREDENTIAL SUSPENDED: | 15. DATE REPLACEMENT REQUESTED: | | 16. DATE REPLACEMENT ACTIVATED: |