

Contractor/Consultant Badge/Clearance Request Form Instruction Sheet

1 Information

- a. Enter the Purchase Order Number of the contract. Type NFA if request is for a No-Fee Agreement.
- b. Enter the expiration date of the agreement or of the extended agreement as it appears in Oracle or the Facility Survey & Approval (FSA) database. The date should match the "Expires" date in Oracle and FSA.
- c. Enter Sandia National Laboratories (SNL) sponsoring organization number and mail stop. Note: this will be the org. the Individual being badged will be placed in, in the SNL directory.
- d. For individuals associated with a company (working for a company) enter the employer name. If this company is a sub-contractor to a prime contractor, list the sub-contractor company here. And list the Prime Contractor in box (s). Enter the consultant's complete legal name. **Consultants are defined as an individual who provides predominantly advisory services in a professional field of special knowledge or training who represents her/himself and who is not associated with any company, university, or other form of business.**
- e-h. Enter the mailing address of the company or of the consultant listed in section (d).
 - i. If this company is doing business as another name, enter that name here.
 - j. Enter the name of the Facility Security Officer (for FOCI certified companies), Company Official (for uncleared companies). This section does not apply to Consultant requests.
 - k. Enter the e-mail address of the person listed in (j) or of the consultant.
 - l. Enter the fax number of the company or of the consultant.
 - m. Enter the phone number of the company or of the consultant.
- n-p. Enter the complete legal last, first, and middle name of the individual to be badged.
- q. Enter the Social Security Number of the individual being badged.
- r. Enter the date of birth of the individual being badged.
- s. A Company Official, Facility Security Officer, or SNL Requestor must verify the applicant or employee selected for positions requiring a security clearance is a U.S. Citizen. Acceptable evidence of U.S. citizenship consists of viewing one of the following: 1) an original or certified U.S. birth certificate. 2) U.S. Passport, current or expired. 3) Record Of Military Processing-Armed Forces of the U.S.- (DD Form 1966), provided it reflects that the individual is a U.S. citizen. 4) For an individual claiming citizenship by naturalization, a certificate of naturalization showing the individual's name is required. 5) For an individual claiming citizenship acquired by birth abroad to a U.S. citizen, one of the following (showing the individual's name) is required: a Certificate of Citizenship issued by the Immigration and Naturalization Service; a Report of Birth Abroad of a Citizen of the U.S. of America (Form FS 240); or a Certificate of Birth (Form FS 545 or DS 1350).
- t. Enter the name of the Prime Contract Company here. Leave blank if not applicable.
- u. Select one of the categories for the individual.

2 Training

- a. Initial Security Briefing (SEC 050) is required to ALL personnel who require unescorted access to SNL security areas. A Company Official, FSO, or SNL Requestor must sign certifying that required training has been completed. At SNL/CA, SEC050 will be given at the time the individual obtains badge. Disregard this section for badge renewal requests.
- b. **Only applicable to Construction Contractors – disregard for all other requests** – Applies to ALL construction personnel who will perform or direct work on a job site. A company official MUST sign here acknowledging that training has been completed.

3 Badge Request

- a. Enter the date the current badge expires (if applicable).
- b. New Badge Expiration Date – enter the date you want the individual's new badge to expire. If you want a date different from the contract expiration date (Section 1, Box b – not to exceed this date) enter that date here.
- c. Issue Uncleared Badge – check this box if there will not be a clearance requested. Do not complete Section 4 – Clearance Information.
Clearance in Process (no uncleared badge required) – check this box if a clearance is already in process and no uncleared badge is needed during the investigation – agreement has been renewed and individual must remain on the active agreement while in process for a clearance. Do not complete Section 4 – Clearance Information.
Clearance in Process (Issue uncleared badge) – check this box if a clearance is already in process and an uncleared badge will be needed during the investigation. Do not complete Section 4 – Clearance Information.
Issue Cleared Badge (clearance on file at SNL, immediate transfer, transfer) – check this box if individual holds a current active clearance either with SNL or another facility and the clearance is to be transferred to SNL. If an immediate transfer or a transfer is being requested, complete Section 4 – Clearance Information and include the Clearance Request/Recertification/Suitability Form (DOE F 472.1C).
No badge required (KMP, Off-Site or Extension) – check this box if individual is either a KMP, off-site contractor or has a current clearance with another DOE site and is also working on contract with SNL. Individual will use badge from Primary facility, no SNL standard badge will be issued.

4 Clearance Information

Complete this section only if one of the following clearance actions is being requested: (1) initial clearance request, (2) upgrade, (3) downgrade, (4) extension, (5) clearance transfer, or (6) reinstatement. **Complete and submit DOE F 472.1C with request.**

5 SNL Requestor

The SNL employee assuming responsibility for the individual completes this section. The SNL Requestor receives e-mail notifications when badge is ready and when to re-submit a new request once the current request is expiring. This person can be different from the Approving Manager.

6 Approving Manager

The SNL approving manager authorizing this form completes this section.

CONTRACTOR/CONSULTANT BADGE/CLEARANCE REQUEST FORM

1. Information

Purchase Order/As Ordered Agreement (AOA) a.		Agreement Expiration Date b.		SNL Sponsoring Org./Mail Stop c. Org. _____, MS-	
Legal Company Name or Consultant Name d.		Mailing Address e.		City f.	State g.
Doing Business As (if applicable) i.					
Facility Security Officer (FSO) or Company Official j.		E-mail address k.		Fax No. l.	Phone No. m.
Individuals Last Name n.	Individuals First Name o.	Individuals Middle Name p.	Social Security No. q.	Date of Birth r.	

s. U.S. citizenship verified by:

(FSO/SNL Requestor/Company Official must certify here)

_____	_____
Name (Print)	Signature

t. Prime Contract Company (if applicable): _____

u. Category Type: Key Mgmt. Personnel (KMP) Contractor Consultant

2. Training: **a.** Initial Security Briefing SEC 050 **b.** 10-hour OSHA 01065 ES&H Spec. Contract-Specific Safety Plan
** FSO/SNL Requestor/Company Official signing below certifies that the required training above has been completed.

Training Certified by:

_____	_____	_____
Name (Print)	Signature	Date

3. Badge Request (Fill in applicable box)

a. Present Badge Expiration Date (if applicable): _____ **b.** New Badge Expiration Date: _____

c. Issue uncleared badge only - no clearance action
 Clearance in process (no uncleared badge required) → → → Q in process L in process
 Clearance in process (issue uncleared badge) → Q in process L in process
 Issue cleared badge (clearance on file at SNL, immediate transfer, transfer) Q badge L badge
 No badge required, clearance only (KMP, Off-site or Extension) → → Q clearance L clearance

Personnel Security Use Only:	
EC: _____	FC: _____

4. Clearance Information (Complete if clearance action is being requested)

Initiate Clearance process ((1) initial clearance request, (2) upgrade, (3) downgrade, (4) extension, (5) clearance transfer, or (6) reinstatement). **Clearance Request/Recertification/Suitability Form (DOE F 472.1C)** must be completed and attached.
 Clearance level: Q L

5. SNL Requestor: _____ / _____ / _____
 Name (Print) Org./Mailstop Phone

Note: SNL Requestor will receive all administrative type notifications (ex.: badge ready notification, badge renewal notifications). This person can be different from the Approving Manager.

6. Approving Manager: _____ / _____ / _____
 Name (Print) Signature Date
 Org./Mailstop Phone

FOR PERSONNEL SECURITY USE ONLY

FOCI certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Facility Code: _____	Processed Date: _____
HSPD-12 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Level: _____	
CIV Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		ISP Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Action required: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Transfer <input type="checkbox"/> Extension <input type="checkbox"/> Other: _____		
Date QSP+ _____ FC sent: _____	Date QSP sent: _____	Date Sec. Ack. sent: _____
Info in Oracle? <input type="checkbox"/> Yes <input type="checkbox"/> No		CPCI Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No

A minimum of 5 business days required for processing

PERSONNEL SECURITY OFFICES: **NEW MEXICO**, MS-1475 FAX: (505) 844-9739: **CALIFORNIA**, MS-9113 FAX: (925)294-1330