

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 checked="" 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: _____ CONTRACT EXPIRATION DATE: _____
(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 _____
(H) EMPLOYER Telephone Number. _____	I concur that the applicant requires access to a DOE facility to perform official duties.
(I) PRIME CONTRACTOR NAME: _____	_____ 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 NationalsDOE 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.