

CONTRACTOR/CONSULTANT BADGE/CLEARANCE REQUEST FORM

			ORMATI	511										
a. Name (Last, First, Middle):							b. Date of Birth:							
c. Social Security Number:	d.SNL ID:	e. Contra	e. Contractor/Consultant's email Address:			f. Key Management Personnel?								
							Yes No							
g. Personal Physical Address (Street	Address, Apt #:City	.State:Zip Cod	e) :				100 110							
	, P .),	,, I	- / -											
h. Citizenship:		;	U.S. Citizonsk	ip Verified by:										
	izon Dual	<u></u>		ip vermeu by.										
U.S. Citizen Foreign Cit	Citizen Pri	ⁿ Printed Name:			Signature:									
If Dual Citizen, list countries of citizenshi	p below:													
SECTION 2: COMPANY &	CONTRACT	INFORM	ATION											
a. Purchase Order (PO)/Contract Purcha				Date:	c SNL S	nonsorii	ng Information:							
a. Furchase of det (FO)/ contract Furcha	ist Agreement (CIA	J. D.Conti	b. Contract Expiration Date: c. SNL			ponsorn								
			Org.#:			Mail Stop:								
d. Legal Company Name or Consultant	Name:	e. Doing Busi				Contract	t Company: (If Applicable)							
g. Company or Consultant Personal Physi	ical Address: (Stree	t Address Ant	#·City State:7	(in Code)										
g. company of consultant reisonal ruys	ical Address. (Stree	t Autorss, Apr	#,City,State,2	np couc)										
h. Company Phone Number:			i. Comp	any Fax Numb	er:									
j. Facility Security Officer Name: (If App	licable)	k	. Facility Secu	rity Officer E-n	nail: <i>(If Ann</i>	licable)								
J					(- jf F	,								
SECTION 3: CONTRACTO	R/CONSULTA	ANT TRA	INING											
Training Completion:														
-						a. SEC-050 Initial Security Briefing								
b. ESH100 or Contract-Specific Safety Plan (ESH100G)														
	Contract-Sp	echic Salet	y Plan (ESH	100G)										
c. Training Verified by:	Contract-Sp	echic Salet	y Plan (ESH	100G)										
c. Training Verified by:			y Plan (ESH	100G)										
c. Training Verified by: SECTION 4: BADGE REQU	EST (Select Applie	cable Box)												
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Contractor/Consultant Badge/Clearance Request Form Instructions

GENERAL INFORMATION					
are pl	ifference between consultants and contract associates is that consultants work for/ represent themselves and their contracts aced with Sandia using their individual names, while contract associates work under a contract assigned to the company they work for.				
SECTION 1: CONTRACTOR/CONSULTANT INFORMATION					
ае.	Enter the individuals requested personal information in these fields. NOTE: An SNL ID will be generated				
f.	once EP has been populated for an initial request. Indicate whether the individual is Key Management Personnel.				
г. g.	Enter the individual's current residence.				
hi.	A Company Official, Facility Security Officer (FSO), Sandia Requester or Sandia Approving Manager must verify the contractor or consultant 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).				
	U.S. and another country.				
	SECTION 2: COMPANY & CONTRACT INFORMATION				
a.	Enter the Purchase Order Number or Contract Purchase Agreement number of the contract. Type NFA if request is for a				
b.	No-Fee Agreement (NFA). Enter the Contract Expiration Date of the agreement.				
c.	Enter Sandia National Laboratories (SNL) sponsoring organization number and mail stop for this clearance action.				
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 (f). 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.	If this company is doing business as another name, enter that name here. Leave blank if not applicable.				
f.	Enter the name of the Prime Contract Company here. Leave blank if not applicable.				
g.	Enter the physical mailing address of the company or of the consultant.				
hi.	Enter the company phone and fax numbers.				
jk.	Enter the name and email address of the Facility Security Officer (FSO) if applicable.				
SECTION 3: CONTRACTOR/CONSULTANT TRAINING					
ac.	 a. <u>SEC-050 Initial Security Briefing</u> is required for all members of the workforce requiring access to Sandia controlled premises. At SNL/CA, SEC050 will be given at the time the individual obtains a badge. Training completions should also be sent to your Sandia Center Training Coordinator to update in Sandia's Corporate Training and Employee Development System (TEDS). b. Only applicable to Facilities Contractors, disregard for all other requests. This training applies to all Facilities contract personnel who will observe, accompany, perform or direct work on a job site. A company official MUST sign here acknowledging that training, either ESH100 or Contract-Specific Safety Plan (ESH100G), has been completed. c. List the name of the Company Official, FSO, Sandia Requestor or Manager that verified completion of any of the above required training. 				
FORM SUBMITTAL					
Sandi	e ensure that Enterprise Person (EP) is updated prior to submission of this form to the Clearance Office for processing. a Personnel Security requires a minimum of 5 business days for processing this form. Company FSO should not fax ly to Sandia Personnel Security until form has been signed and approved by the Sandia Manager.				
	Return completed form to the appropriate Sandia Personnel Security Office:Sandia/NM Personnel Security Clearance OfficeSandia/CA Visitor Control OfficeSecure Fax: (505) 844-9739Secure Fax: (925) 294-1330E-mail: clearance-nn@sandia.gov				