

U. S. DEPARTMENT OF ENERGY
NNSA SERVICE CENTER

**Homeland Security Presidential Directive (HSPD-12)
BADGE REQUEST FORM
INSTRUCTIONS**

Do you need this form?

This form is required for all individuals being requested for an initial DOE Standard badge and Security Clearance and must be accompanied by the following forms depending on your status:

- a. SNL Employees (to include student interns) – [Clearance Request/Recertification/Suitability Form \(DOE F 472.1C\)](#).
- b. Contractors and Consultants – [Contractor/Consultant Badge/Clearance Request Form \(SF 7643-CEC\)](#) and [Clearance Request/Recertification/Suitability Form \(DOE F 472.1C\)](#).

Section 1 – Applicant Information

- a. Check the appropriate box – modify if needed. “Contractor” is pre-checked for all SNL requests since we are an M&O Contractor to DOE.
- b. Enter the requesting site where the applicant will be badged out of (ex.: SNL/NM, SNL/CA, SNL/TTR).
- c. This box is pre-filled with the contract number, do not change this.
- d. Enter the employer’s legal name. For contractors, this is the company they are obtaining a badge under. For Sandia Employees, this should reflect Sandia National Laboratories.
- e. Enter the date of the request.
- f. Enter FULL name of applicant to include full middle name, no initial. If no middle name, enter “NMN”. Make sure you enter it as requested – Last, First, Middle.
- g. Enter the applicant’s date of birth (mm/dd/yyyy).
- h. Enter the applicant’s place of birth (city and state).
- i. Enter the applicant’s SSN.
- j. Enter the citizenship of the applicant.
- k. Enter the applicant’s address to include city, state and ZIP code.
- l. Enter the applicant’s position title.
- m. Enter any additional contact information for the applicant (Phone #, e-mail address, etc.)

Section 2 – HSPD-12 Data & Clearance Information

- Fill in as much information as you know. If unknown, leave blank.

Section 3 – Enclosures

- This will be filled in by the Personnel Security Department (PSD).

Section 4 – Certification

- *Applicant* – the applicant must sign and date here.
- *Sponsor/Employer Requesting Official* – the Sponsoring Manager, team leader, or individual with delegation of authority for a manger or team leader must sign and date here. For contractors – the Facility Security Officer (FSO) may also sign in this box.
- *Contract Representative* – this is to be signed by Personnel Security Dept.
- *NNSA Site Office* – this will be completed by DOE.
- *NNSA SC PSD Receipt* – this will be completed by DOE.

Return Completed form to Personnel Security Office:

SNL/NM Fax: 505-844-9739 OR MS-0171

SNL/CA Fax: 925-294-1330 OR MS-9113

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HSPD-12 BADGE REQUEST FORM

Section 1. Applicant Information				
a. <input type="checkbox"/> Contractor <input type="checkbox"/> Federal	b. Requesting Site	c. Contract Number/Agreement DE-AC04-94AL85000	d. Employer (Legal Name)	e. Date:
f. Name (Last, First, Middle (no initial))		g. Date of Birth	h. Place of Birth (city and state)	
i. Social Security Number	j. Citizenship	k. Applicant's Address		
l. Applicants Position		m. Applicants Contact Information		
Section 2. HSPD-12 Data & Clearance Information				
<input type="checkbox"/> holds <input type="checkbox"/> held <input type="checkbox"/> Has never had an HSPD-12 Badge <input type="checkbox"/> holds <input type="checkbox"/> held <input type="checkbox"/> Has never had a DOE/NNSA clearance Level: <input type="checkbox"/> L <input type="checkbox"/> L/Q <input type="checkbox"/> Q Date: From to <input type="checkbox"/> holds <input type="checkbox"/> held <input type="checkbox"/> Has never had another agencies clearance Level: Date: From to <input type="checkbox"/> Investigation currently in progress for clearance Agency: Level: <input type="checkbox"/> Federal Only: Has had an investigation conducted as part of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: Type:				
Purpose				
The purpose of this data collection is in accordance with DOE N 206.3 regarding identity-proofing procedures.				
Section 3. Enclosures – To be completed by Personnel Security Department				
<input type="checkbox"/> SF-86, Documents for HSPD-12 (not entire clearance packet ie. Security Acknowledgement & Clearance Justification) <input type="checkbox"/> Copy Identification Documents 1 original signature <input type="checkbox"/> F/P Cards (SF-87 Federal/FD 258: Contractors) <input type="checkbox"/> DOE F 472.1, Fair Credit Report Act Release- 1 original 1 for HSPD-12 Identity Proofing File <input type="checkbox"/> Other: <input type="checkbox"/> Other:				
Section 4. Certification				
I certify that the HSPD-12 Badge is being requested/certified in accordance with the DOE N 206.3.				
Applicant (Print Name):		Signature		Date
Phone No. () -				
Sponsor/Employer Requesting Official (Print Name):		Signature		Date
Organization: Phone No. () -				
Contract Representative:		Signature		Date
Organization: Phone No. () -				
NNSA Site Office Federal Official or Delegate:		Signature		Date
Organization: Phone No. () -				
NNSA SC PSD Receipt (Print Name):		Signature		Date
Phone No. () -				

