

**Reclamation Manual**  
Directives and Standards

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**BUREAU OF RECLAMATION  
BADGE AND/OR CREDENTIALS APPLICATION**

1. **Applicant's name** (last, first, middle):
2. **Applicant's office / duty station** (facility name, mail code, region, state):
3. **Applicant's date of birth:**
4. **Applicant's drivers license** (number, state of issue, and expiration date):
5. **Is this a request for a duty badge ( ), belt badge ( ), and/or credentials ( )?**
6. **What is the recommended position/title on the badge or credentials:**
7. **Is this a new issue ( ) or replacement ( ) badge or credential?**
  - a. **What, if any, numbers are/were assigned to the badge/credentials?**
  - b. **Attach a separate justification/circumstance for any replacement.**
  - c. **Attach documents showing disposition of previous badge/credentials.**
  - d. **Is this a temporary replacement badge or credential? Yes ( ) or No ( )**
8. **If the position is not on the list of approved positions to receive a badge or credential (Appendix A of this D&S), attach justification for such issuance.**
9. **OPM background investigation number and date of adjudication (to be provided by CSO):**
10. **If applicable, FLETC or equivalent required training class and graduation date:**
11. **For armed positions: the most recent firearms qualification date (if issued a firearm):**
12. **Shipping and contact information of LESM to where the badge/credentials will be sent:**

**Name:**

**FedEx mailing address:**

**Telephone number:**

*I certify the information above is correct and that I have read the Badge and Credential D&S, I understand my responsibilities to safeguard, use, and return badges and/or credentials, and to immediately report any loss or theft.*

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(Printed Name of Applicant)

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(Signature of Applicant)

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(Date)

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*I certify this applicant does not have a criminal record, or any other factors precluding the individual from qualifying to hold the position identified above, and that he/she holds at least a SECRET national security clearance.*

\_\_\_\_\_  
(Printed Name of LESM)

\_\_\_\_\_  
(Signature of LESM)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of CSO)

\_\_\_\_\_  
(Concurrence Signature of CSO or designate)

\_\_\_\_\_  
(Date)

\*\* Send Applications to the Lead – Identity Management Office; Denver, Colorado (84-45000) for processing.