

EMPLOYEE/GUEST IDENTIFICATION BADGE APPLICATION

“Identification Card/Security Badge Application” forms (BNL Form F 2868B) are available through BNL stock. The sponsoring Department/Division issues the BNL employee/guest an application form with the appropriate fields completed. The form is presented to the Personnel Security Section in Building 400 for issuance of a photo ID Badge.

Name (Last, First, Middle Initial)		Card/Badge Number
Life/Guest No.	Clearance	
<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Guest <input type="checkbox"/> Retiree	ACKNOWLEDGEMENT: Your photograph may be used for other official purposes within the Laboratory. Applicant Signature
Date Issued		
Expiration Date		
Organization	SSN: _____	CITIZENSHIP: _____
Department/Division Manager Signature		
BNL F 2868B		

IDENTIFICATION CARD/SECURITY BADGE APPLICATION

FRONT OF APPLICATION FORM

Name (Last, First, Middle Initial)		Card/Badge Number
		Old: New:
Life/Guest No.	Organization	Clearance Level
Date Lost	Location	
I will endeavor to locate my lost card and, upon recovery, I will return it to the Safeguards and Security Division (Building 50) with an explanation of how and where I located it.		
		_____ <i>Signature</i>
..... FOR OFFICIAL USE ONLY		
Card coded for Security areas: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Recovered:	Date Returned:	Date Destroyed:
LOST IDENTIFICATION CARD/SECURITY BADGE RECORD		

BACK OF APPLICATION FORM

CONTRACTOR IDENTIFICATION BADGE APPLICATION

“Contractor Identification Badge Application” forms (BNL Form F 3014CB) are available through BNL stock. These applications are used for those contractors requiring Contractor/Vendor Orientation training. The sponsoring Department/Division issues the contractor an application form with the appropriate fields completed. The form is presented to the Personnel Security Section in Building 400 for issuance of a photo ID Badge.

Name _____ (please print) Last First Middle Initial		Male _____ Female _____ Gender	Badge Number _____
Life No./I.D. _____	Clearance _____	Acknowledgement: Your photograph may be used for other official purposes within the Laboratory.	
Effective Date _____	Expected End Date _____	Citizenship Country _____	SSN _____
BNL Contact _____	Sponsoring Dept./Div. _____	Home Address _____ City _____ State _____ Zip Code _____ Country _____	Home Phone # (____) _____ - _____
BNL Dept./Div. Authorizing Signature _____	Print Authorizing Signature _____	E-mail Address _____	Emergency Contact's Name _____
Authorizer's Life # _____	Telephone Ext. _____	Company Name _____	Relationship to Employee _____
AUTHORIZER'S ARE RESPONSIBLE TO MAKE SURE THIS CARD IS COMPLETELY AND PROPERLY FILLED OUT!		Company Address _____	<input type="checkbox"/> Check box if same as employee
		City _____ State _____ Zip Code _____	Emergency Contact's Address _____
		Company Phone # (____) _____ - _____	City _____ State _____ Zip Code _____
		Company Fax # (____) _____ - _____	Emergency Contact's Phone # (____) _____ - _____
Training			
<input type="checkbox"/> Contractor/Vendor Orientation		<input type="checkbox"/> General Employee Training	Date Attended _____ Instructor's Initials _____
BNL F 3014C		CONTRACTOR IDENTIFICATION BADGE APPLICATION	

FRONT OF APPLICATION FORM

Name _____ (please print) Last First Middle Initial			Lost Badge Number _____
Life. No. _____	Sponsoring Dept./Div. _____	Employer Name _____	Clearance Level _____
Date Lost _____		Location _____	
I will endeavor to locate my lost badge and, upon recovery, I will return it to the Safeguards and Security Division (Building 400) with an explanation of how and where I located it.			
			_____ <i>Signature</i>
FOR OFFICIAL USE ONLY			
Card coded for Security areas: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date Recovered:	Date Returned:	Date Destroyed:
LOST CONTRACTOR BADGE RECORD		

BACK OF APPLICATION FORM