



Security Badge Request Form

All information in Part 1 and Part 2 **must be** provided.

Part 1 APPLICANT INFORMATION		
Name:	Occupation:	
Date of Birth:	Company Name and Address:	
SSN#:		
Driver's License State Of Issuance:		
Previously Issued Badge Number at PGDP:	Phone Number:	
Will applicant be submitted for a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, answer next question) Will applicant be on site on a continuous basis (weekly) and require physical/logical access for more than six months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part 2 <u>RESPONSIBLE MANAGER / DELEGATED POINT OF CONTACT</u> (active clearance required)		
Name and Title:	Clearance Level: <input type="checkbox"/> L or <input type="checkbox"/> Q	Phone Number:
Signature:	Date:	
Part 3 SECURITY USE ONLY		
Clearance Level: <input type="checkbox"/> Uncleared <input type="checkbox"/> L <input type="checkbox"/> Q		
Reason For Badge Request: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Clearance Grant <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Name Change <input type="checkbox"/> Appearance Change		
Initial Security Briefing Date:	Badge # Assigned:	
Replacing Previously Issued Badge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Serial #:	
If Yes, Serial Number:	Expiration Date:	
Clearance Level Verification: <input type="checkbox"/> N/A (Uncleared) <input type="checkbox"/> Grant Letter <input type="checkbox"/> CPCI <input type="checkbox"/> Other:		
Part 4 BADGE ISSUANCE AND ACCEPTANCE		
_____	_____	
Badge Received Signature	Date Received	
_____	_____	
Visitor Control Signature	Date Issued	

Controlled by: Swift & Staley Team, Personnel Security Department, (270) 441-5400