

TO: Headquarters Physical Protection Team	(J) Date:
(A) FROM: NAME (printed) AND SIGNATURE OF DOE SPONSOR HAVING LIAISON WITH APPLICANT	(K) U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COUNTRY
(B) TITLE DIVISION/OFFICE	(L) REQUEST APPLICANT BE ISSUED: DOE HEADQUARTERS SITE-SPECIFIC SECURITY BADGE (USED AT HQ ONLY) (CHECK ONE): <input type="checkbox"/> "BAO" TO HQ Facilities <input type="checkbox"/> "FOREIGN NATIONAL" DOE STANDARD SECURITY BADGE (Used at HQ AND Other DOE Sites): (CHECK ONE): <input type="checkbox"/> Q <input type="checkbox"/> TS <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> BAO (Also Check): <input type="checkbox"/> IPA <input type="checkbox"/> OGA
I certify that the applicant requires access to a DOE HQS facility to Conduct Official DOE business	(M) BADGE AT: <input type="checkbox"/> FORSTL <input type="checkbox"/> GTN CONTRACT NUMBER: CONTRACT EXPIRATION DATE:
(C) DOE Sponsor Telephone Number:	(N) EMPLOYER CERTIFICATION I certify that a DOE Security badge is required for the applicant to perform official duties in a DOE facility. Pre-employment checks were conducted in accordance with company policy, all checks were favorable, and the applicant was found to be suitable for employment
(D) NAME OF APPLICANT (Last) (First) (Middle Name)	Printed Name and Signature Date
(E) SOCIAL SECURITY NUMBER	I concur that the applicant requires access to a DOE facility to perform official duties.
(F) APPLICANT'S EMPLOYER NAME (Company Name)	Printed Name and Signature of COR, Routing Symbol Date
(G) EMPLOYER ADDRESS:	I concur that the applicant requires access to a DOE facility to perform official duties.
(H) EMPLOYER Telephone Number	Printed Name and Signature HSO (or Federal Designate), Routing Symbol Date
(I) PRIME CONTRACTOR NAME:	

PRIVACY ACT STATEMENT ON REVERSE

DOE F 473.2 INSTRUCTIONS

- (A), (B), & C **FROM: NAME (printed) AND SIGNATURE, TITLE, DIVISION/OFFICE AND TELEPHONE NUMBER OF DOE SPONSOR HAVING LIAISON WITH APPLICANT**
 Provide printed named and signature, title, office and telephone number of DOE Federal employee sponsoring and certifying applicants' need for a security badge.
- (D) & (E) **APPLICANT'S NAME AND SOCIAL SECURITY NUMBER (SSN)**
 Applicant's FULL NAME (Last, First and Middle) AND SSN.
- (F), (G), & (H) **APPLICANT'S EMPLOYER NAME, ADDRESS & TELEPHONE NUMBER**
 Name, address, and telephone number of the company employing the applicant requiring a security badge.
- (I) **PRIME CONTRACTOR NAME**
 Name of company listed as the Prime Contractor for the DOE Contract.
- (J) **DATE**
 Date request is being submitted.
- (K) **IS THE APPLICANT A U.S. CITIZEN**
 Check YES or NO. If NO, then indicate the country of citizenship.
- (L) **INDICATE BADGE TYPE TO BE ISSUED**
 DOE HEADQUARTERS SITE-SPECIFIC SECURITY BADGES are issued to:
 - Uncleared (Building Access Only – BAO) contractor employees or other personnel who perform work or require access ONLY at DOE HQ Facilities.
 - Foreign Nationals
 DOE STANDARD BADGES are issued to:
 - Contractor, Other Government Agency (OGA), or Intergovernmental Personnel Act (IPA) employees with DOE HQS clearances.
 - Uncleared BAO contractor, OGA, or IPA employees who require access to DOE HQS and other DOE Sites.
NOTE: If the applicant is an OGA or IPA employee, ALSO check the appropriate OGA or IPA box provided.
- (M) **BADGE AT**
 Check where the applicant is to be badged; Forrestal or Germantown. The DOE F 473.2 must be forwarded to the appropriate badge office location.
CONTRACT NUMBER & EXPIRATION DATE
 Provide the Contract Number and Expiration Date of the DOE Contract.
- (N) **EMPLOYER CERTIFICATION**
 Designated person employed with the applicant's company authorized to sign the certification.
CONTRACTING OFFICER REPRESENTATIVE (COR) & HEADQUARTERS SECURITY OFFICER (HSO) CONCURRENCES
 Printed name/signature and date of the DOE Federal COR overseeing the contract. The printed name/signature and date of the HSO (or Federal employee delegated in writing to sign for the HSO) supporting the DOE Federal Sponsor.

OMB BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time to exist data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Health, Safety and Security's Office of Physical Protection (AU-43), U.S. Department of Energy, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

Privacy Act Statement Contract/Consultant Badge Information Request

Collection of the information requested is authorized by the Atomic Energy Act of 1954, as amended, and by Executive Orders 13764, 10865, and 13526. Disclosure of the information on this form is voluntary; however, your decision not to complete this form could result in a delay in (or denial of) processing this request (or any future request for reinstatement) of your U.S. Department of Energy (DOE) access authorization/security clearance. Your DOE access authorization/security clearance can be terminated regardless of whether this form is completed. Your name and Social Security Number are used as identifying factors to establish and maintain records of DOE access authorization actions in the DOE System of Records, DOE-43, "Personnel Security Files," and this form will be completed and maintained in your DOE Personnel Security File. Individuals may access and correct their information in accordance with the Privacy Act of 1974, as amended, 10 CFR Part 1008. Information in this record may be shared in accordance with routine uses listed in, DOE-43, "Personnel Security Files."

FOR USE BY HEADQUARTERS OPERATIONS ONLY	
SITE-SPECIFIC SECURITY BADGE <input type="checkbox"/> "ACCESS ONLY" <input type="checkbox"/> "FOREIGN NATIONAL"	DOE STANDARD SECURITY BADGE <input type="checkbox"/> Q <input type="checkbox"/> TS <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> UNCLEARED/ BAO
DOE NUMBER: DATE: CHECKED BY:	Headquarters Personnel Security Operations