

**U.S. DEPARTMENT OF AGRICULTURE
 REQUEST FOR USDA SITE BADGE**

A. Applicant & Source Document Information (To be completed by USDA Human Resources)			
Applicant Information			
First Name	Middle Name	Last Name	
Phone Number	SSN	Position	
Birth Date (mm/dd/yyyy)	Company/Agency	Email Address	
Applicant Work Address			
Street Address	City	State	Zip Code
Identity Source Document 1 (attach copy)			
First Name	Middle Name	Last Name	
Document No.	Document Title	Issuer	Exp. Date (mm/dd/yyyy)
Identity Source Document 2 (attach copy)			
First Name	Middle Name	Last Name	
Document No.	Document Title	Issuer	Exp. Date (mm/dd/yyyy)
B. USDA Site Badge Sponsorship (To be completed by USDA Agency/Staff Office Sponsor)			
Request Type			
Site Badge Type New Replacement (provide reason)		Reason for Replacement (enter N/A if request is for a new badge)	
Exp. Date Requested (mm/dd/yyyy)			
Access Required			

Sponsor Information		
First Name	Last Name	Work Phone
Agency/Staff Office		Work Email Address
I agree to sponsor the above application for a USDA Site Badge and certify that the information is accurate to the best of my knowledge.		
Printed Name of Sponsor		
Signature of Sponsor		Date Signed (mm/dd/yyyy)
C. Issuance Approval (To be completed by USDA Personnel Security Adjudicator only after Sections A & B are complete)		
FBI National Criminal History Check Results		
Date Completed (mm/dd/yyyy)	Successfully Adjudicated?	Yes No
Comments:		
Personnel Security Adjudicator Information		
First Name	Last Name	Work Phone
Agency/Staff Office		Work Email Address
I hereby certify that the information regarding the above applicant is accurate to the best of my knowledge. I hereby approve disapprove this application for USDA Site Badge issuance.		
Printed Name of Personnel Security Adjudicator		
Signature of Personnel Security Adjudicator		Date Signed (mm/dd/yyyy)
D. USDA Site Badge Issuance Details (To be completed by the USDA Issuer, after Sections A, B, and C are complete)		
Badge Information		
Name as it appears on site badge	Badge #	Badge Exp. Date (mm/dd/yyyy)

Issuer Information		
First Name	Last Name	Work Phone
Agency/Staff Office		Work Email Address
I hereby acknowledge issuance of a USDA Site Badge to the applicant identified above based on the verification of the applicant's identity and verification of the above Personnel Security Adjudicator's issuance approval.		
Printed Name of Issuer		
Signature of Issuer		Date Signed (mm/dd/yyyy)
E. Applicant Acknowledgment (To be completed by the Applicant, after Section D is completed)		
I, the Applicant, confirm receipt of the USDA Site Badge identified above and that the information is accurate to the best of my knowledge.		
Printed Name of Applicant		
Signature of Applicant		Date Signed (mm/dd/yyyy)

Public Burden Statement: A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0502-0022. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the USDA at: 1400 Independence Avenue SW, Room 1434, Washington, DC 20250, Attn: Director Office of Safety, Security, and Protection – Facility Protection Division.

Privacy Notice:

Authority: Homeland Security Presidential Directive–12 (HSPD–12), Departmental Physical Security Program, DR 1650–001, December 9, 2021, and Authority to Operate (ATO), 06/07/2022.

Purpose: The information collected on Form 0505-0022 will be input into Enterprise Physical Access Control System (ePACS) which provides a centralized infrastructure for the use of the USDA Site Badge for access to federally controlled facilities as mandated by HSPD–12. The ePACS provides a means for USDA Agencies to deploy electronic access control

to its facilities; supports the mitigation of identified threats and vulnerabilities; and ensures that unauthorized individuals do not have access to critical USDA assets.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, records contained in this system may be disclosed outside USDA as a routine use pursuant to 5 U.S.C. 552a(b)(3), to the extent that such uses are compatible with the purposes for which the information was collected. Such permitted routine uses include those listed in the System of Records Notice, USDA/OSSP-1, the Enterprise Physical Access Control System located at Federal Register 36272 Vol. 88, No. 106 dated, June 2, 2023.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to secured areas or other area or purpose for which personnel identification are issued.