

<h1 style="text-align: center;">BADGE REQUEST</h1> <p style="text-align: center;">(For use of this form see C5ISR - RTI SOP 190-01)</p>	<b>FOR SECURITY USE ONLY</b>	
	PROX#	BADGE #

## PRIVACY ACT STATEMENT

**AUTHORITY:** Executive Order 9397.

**PURPOSE:** Use of SSN is necessary because of the number of applicants who have identical names, birth dates, and whose identities can be distinguished only by the SSN. Since two people may have the same name, your social security number rather than your name is used as a unique personal identifier. Your social security number may be used to seek information about you from other employers. When completed, this form will be kept in C5ISR RTI security files until the badge is no longer required. When the badge is surrendered, the form will be shredded. Information from this form will be entered into a database controlled by the C5ISR - RTI receptionist. When the badge is surrendered, the information will be deleted from the database. Other information is requested for security and identification purposes.

**ACCESS:** Access to the completed form and the database is restricted to C5ISR - RTI security personnel and management. Badge pictures may be used for "Official Use Only" per the Privacy Act of 1974.

**DISCLOSURE:** Personal information provided on this form is given voluntarily. However, failure to provide this information may result in ineligibility for an C5ISR - RTI security badge and denial of access to C5ISR - RTI facilities.

## COMPLETE ALL APPLICABLE FIELDS

1. NAME (LAST, FIRST, MIDDLE)		2. EDIPI NUMBER		3. CHECK ONE <input type="checkbox"/> Government <input type="checkbox"/> Military <input type="checkbox"/> Contractor	
4. DATE OF BIRTH	5. PLACE OF BIRTH (City, State)		6. RACE	7. UNITED STATES CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	8. RANK or GRADE
9. APPLICANT'S OFFICE INFORMATION (a) Commercial Phone (b) EMAIL Address			10. APPLICANT'S OFFICE LOCATION(Bldg/Room)		11. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
					12. STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No
13. VEHICLE REGISTRATION INFORMATION	a.	b. License Plate Number	c. State	d. Make/Model	e. Color
	Vehicle 1				
	Vehicle 2				

14 APPLICANT'S SIGNATURE AND DATE

DATE

## TO BE COMPLETED BY TENANT/CONTRACTOR SECURITY MANAGER

15a CLEARANCE ELIGIBILITY	17. GRANTING AGENCY	18. INVESTIGATION TYPE	19. INVESTIGATION DATE
15b ACCESS LEVEL			
16 CLEARANCE DATE			

20. NAME AND COMPLETE ADDRESS OF ORGANIZATION OR COMPANY (INCLUDE BLDG AND ROOM)

21. NAME OF TENANT/CONTRACTOR SECURITY MANAGER	22. TELEPHONE NUMBER (a) Commercial (b) DSN	23. SIGNATURE OF SECURITY MANAGER
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## GOVERNMENT CONTRACTING OFFICER

24. CONTRACT NUMBER	25. CONTRACT EXPIRATION DATE	
26. NAME OF COR	27. AMERICAN COMPANY <input type="checkbox"/> Yes <input type="checkbox"/> No	28. ON-SITE CONTRACTOR <input type="checkbox"/> Yes <input type="checkbox"/> No
29. PHONE NUMBER OF COR	30. SIGNATURE OF COR	

## TENANT/CONTRACTOR ORGANIZATIONS

31. PRINTED NAME OF BADGE VALIDATOR	32. SIGNATURE OF BADGE VALIDATOR	33. DATE
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