



Exchange Badge Request

NOTE: To participate in the Exchange Badge Program, an organization must submit an [Registration of Exchange Badge Program Requirements](#) (Form 1781) to the Badge Office. If any information changes, an update should be submitted.

TO	Badge Office: (505) 667-6901 MS: T002 Fax: (505) 667-1368 Email: badge@lanl.gov Web: badge.lanl.gov
-----------	---

FROM	Name: _____
	Date: _____
	Telephone: _____
	Fax: _____
	Group: _____

Requester Information

Requesting organization:	Date badge(s) needed:	
Entity where exchange badge will be used (as specified on Form 1781).		
Do the badges need to be encoded? <input type="radio"/> Yes <input type="radio"/> No If yes, by whom? <input type="checkbox"/> Badge Office <input type="checkbox"/> Requesting Organization		
Site Point of Contact:	Print Name	Date
	Signature	

Type of Exchange Badge(s) Requested

Generic Badges (No picture)

Clearance level for badges in your area U <input type="radio"/> L <input type="radio"/> Q <input type="radio"/> Uncleared L-Cleared Q-Cleared	Number of badges requested <input style="width: 50px;" type="text"/>
--	--

Picture Badges

Clearance level for badges in your area U <input type="radio"/> L <input type="radio"/> Q <input type="radio"/> Uncleared L-Cleared Q-Cleared	Special instructions:
--	-----------------------

Provide the information requested below about each individual for whom an exchange *picture badge* is requested. *When a Z number is available, it is preferable to a social security number.* The employer name, as given, will appear on the exchange badge. If there are additional names, attach a second copy of the form.

Name	Z Number or Social Security Number	Employer

Special Instructions for Preparing Badges
--