



Badge Office: (505) 667-6901  
 Fax: (505) 667-1368  
 Mail Stop T002  
[Email: badge@lanl.gov](mailto:badge@lanl.gov)  
[Web: badge.lanl.gov](http://badge.lanl.gov)

**Registration of  
 Exchange Badge Program  
 Requirements**

1. Point of Contact for Exchange/Facility-Specific Badge requests to the Badge Office.  
 Group/Program/Facility: \_\_\_\_\_  
 Primary: \_\_\_\_\_ Z No.: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Back-up: \_\_\_\_\_ Z No.: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Back-up: \_\_\_\_\_ Z No.: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Back-up: \_\_\_\_\_ Z No.: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Entity covered by the Program (*select one*).  
 Technical Area  Division   
 Building  Group  Give the exact name of the entity as it is to appear on the badge.  
 \_\_\_\_\_  
 (maximum of 6 characters including spaces)

3. Describe the purpose of the Exchange/Facility-Specific Badge Program. (Please be specific, including all security- and safety-related issues.)

4. Who is eligible to receive an Exchange Badge? (Provide information such as whether the individual must have a DOE Q or L clearance, must be a LANL badgeholder, or, if non-LANL, what restrictions apply.)

5. How many of each type will you need to be maintained in stock? (*select all that apply*):  
**Note:** Orders (*individual or over time*) will be filled up to the numbers you specify below.  
**HOW MANY?                      TYPE**  
 \_\_\_\_\_ a. Cleared Badge (Q + L, with badgeholder's name)  
 \_\_\_\_\_ b. Uncleared Badge (with badgeholder's name)  
 \_\_\_\_\_ c. Cleared Badge (Q + L, generic/re-usable)  
 \_\_\_\_\_ d. Uncleared Badge (generic/re-usable)

6. Is encoding of the badge required? Yes  No   
 If **Yes**, which of the following applies:  
 Have the Badge Office encode badge types a., b., following Lab-wide encoding protocol.  
 Other arrangements will be made for encoding badge types a., b.  
 Issue generic badges with a magnetic stripe (you **must** provide justification in Question 7 for this request to be approved. If approved, you must do the encoding yourself)

7. Add any other special requirements or relevant information, magnetic strip justification.

**Manager Approval**

Name (print) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**For Badge Office Use Only**

Magnetic Stripe: OK <input type="checkbox"/> Not OK <input type="checkbox"/> Initials _____ Date _____	Registration Approved: Initials _____ _____
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