

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)

Use this form to officially establish your requirements for generic Uncleared U.S. Visitor Badges. A generic Uncleared U.S. Visitor Badge is a reusable, numbered badge that contains no individual's name. It is intended for use in a non-security area. It also serves as an [escort-required](#) badge when escorting an uncleared U.S. citizen into a Laboratory security area. ***This badge is not to be issued to a foreign national, cleared or uncleared, under any circumstance.*** After the Badge Office has received and approved this registration request, use [Form 1802](#), Generic Badge Order, to order your badges.

Note: Use [Form 1735](#) to request a *name* badge for a U.S. visitor.

Program Information

1. Point of Contact for badge requests to the Badge Office.

Name: _____ Group or Program: _____

Telephone: _____ E-mail: _____ Name of Back-up: _____

2. Entity covered (*select one*).

Technical Area <input type="checkbox"/>	Division <input type="checkbox"/>	Badge will display LANL at the bottom (indicating it is valid Lab-wide wherever accepted) unless you request limiting use to your entity/facility. If so, indicate the exact name of your entity (maximum of 6 characters) _____
Building <input type="checkbox"/>	Group <input type="checkbox"/>	

3. How many badges do you need to maintain in stock?

4. Do these badges need a magnetic stripe on the reverse side? **Yes** **No**

Note: The Badge Office does not encode generic badges—the facility must do this.
 If Question 4 is answered Yes, a justification **must** be provided below.

Justification:

5. Additional information that may be useful to the Badge Office.

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 _____ Date _____
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