

**BEIGHTLER ARMORY ACCESS BADGE REQUEST**

Submit to G2-POC: SGT Smith x7028 benjamin.f.smith2.mil@mail.mil  
or ng.oh.oharnng.list.g2-security-clearance@mail.mil

**REQUESTED FOR:**

(Individual who will be assigned the ID / KEY CARD)

LAST, FIRST, MI \_\_\_\_\_ RANK: \_\_\_\_\_  
AGENCY / COMMAND: \_\_\_\_\_ PHONE: \_\_\_\_\_  
POSITION / TITLE: \_\_\_\_\_ STATUS: \_\_\_\_\_  
(State Employee, Contractor, AGR/Tech, ADSW, etc)

**REASON FOR REQUEST:**

NEW EMPLOYEE:  NEW ACCESS LEVEL:  OTHER:  \_\_\_\_\_  
LOST CARD:  DAMAGED CARD:  EXPIRED CARD:

By signing below, I certify that I understand the following:

It is my responsibility to safeguard my badge and to report loss or theft of my badge to the Physical Security Office.  
Use or possession of my badge by any other person is unlawful under Title 18, U.S.C., Sections 449 and 701.  
While on facility premises, I will display my badge above the waist and unobscured from view.  
Upon termination of my employment at Beightler, I will turn in my badge to my supervisor, who will turn it in to the Physical Security Office for destruction.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*If request is due to a LOST, DAMAGED, or EXPIRED CARD, do not complete the bottom portion\*\*\*\*

\*\*\*\*\*If request is for a NEW EMPLOYEE or NEW ACCESS LEVEL, complete rest of form\*\*\*\*\*

**REQUESTED BY:**

(Agency Director, Unit Commander, Senior Leader, Supervisor)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
AGENCY / COMMAND: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ACCESS LEVEL REQUESTED:**

(Approval required for new access. NOT required to replace lost, damaged, or expired cards)

BUILDING ACCESS:   
EXECUTIVE ACCESS:  APPROVED:  Supervisor: \_\_\_\_\_  
DPI ACCESS:  APPROVED:  COL Dernberger: \_\_\_\_\_ AGOH-USP&FO  
J6 SERVER ACCESS:  APPROVED:  COL Zulfer: \_\_\_\_\_ AGOH-J6  
JOC ACCESS:  APPROVED:  COL Capriato: \_\_\_\_\_ AGOH-J3-JOC  
TAG ACCESS:  APPROVED:  Ms. Osterhout: \_\_\_\_\_ AGOH-CS

By signing below, I certify that the above-named employee has an authorized need for the requested access. I further certify that upon termination of this individual's employment at Beightler, I will ensure that their access badge is turned in to the Physical Security office for destruction.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*G2 USE ONLY\*\*\*\*\*

Badge #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Status: LOST/STOLEN  \_\_\_\_\_(date) TURNED IN AND DESTROYED  \_\_\_\_\_(initials) \_\_\_\_\_(date)