

BEIGHTLER ARMORY ACCESS BADGE REQUEST

Submit to G34-POC CPT Root x7019, ryan.r.root.mil@mail.mil

REQUESTED FOR:

(Individuals who are assigned full time (at min 3 days a week) 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 (O-3 or GS11 and above))

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 Williams: _____ AGOH-J6
JOC ACCESS: APPROVED: COL Suver: _____ AGOH-J3-JOC
TAG ACCESS: APPROVED: Ms. Osterhout: _____ AGOH-CS

By signing below, I certify that the above-named employee is a full time employee who 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)