

**PLEASE COMPLETE ALL HIGHLIGHTED AREAS**

U.S. DEPARTMENT OF HOMELAND SECURITY  
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR IDENTIFICATION BADGE**

<b>TO:</b> (check One) <input type="checkbox"/> FEMA HQ, Physical Security Branch <input type="checkbox"/> Field Activity Badging Office	<b>REQUESTING OFFICE</b> <b>FEMA / NDMS</b>	<b>DATE OF REQUEST</b>
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PRIVACY ACT STATEMENT

E.O. 9397; E.O. 12128, Reorganization Plan 3 of 1987, Section 4-2a; and E.O. 10450 authorize the collection of this information. This form will be used in the preparation and issuance of an identification badge for access to FEMA facilities. Disclosure of this information may be made to: Federal agencies for the purpose of interagency security administration; federal agencies for coordination and assignment of federal emergency response teams; federal agencies for statutory intelligence responsibilities; to the General Services Administration (GSA) and its contractors to confirm identification; to any federal, state or local law enforcement agency or professional organization for law enforcement purposes; federal, state or local circumstances when a federal agency requests such information for a similar purpose from us; duly authorized officials investigating an employee's grievance, complaint, or appeal; Congressional offices in response to an inquiry made at the request of the individual; and to the National Archives and Records Administration. Furnishing the information, including your social security number, is voluntary, but failure to do so may delay or prevent issuance of an identification badge and entry into a GSA controlled building after normal working hours or when the building is under security, possibly impeding performance of critical emergency activities.

**PART I – TO BE COMPLETED BY INDIVIDUAL**

<b>NAME</b> (Last, First, Middle)	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b> (mm/dd/yy)
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<b>OFFICE SYMBOL</b>	<b>BUILDING</b>	<b>ROOM NO.</b>	<b>OFFICE PHONE NO.</b>	<b>TYPE OF BADGE REQUESTED</b> <input type="checkbox"/> NEW <input type="checkbox"/> TEMP.    Exp. Date _____ <input type="checkbox"/> REPLACEMENT ( <i>Damaged/lost/expired</i> ) circle one
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<b>AREA ACCESS NEEDED</b> <input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> MWEAC (Complete Area "B" Access Form)	<b>ARE YOU A U.S. CITIZEN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO if no, where were you born? _____
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<b>STATUS</b> <input type="checkbox"/> PERMANENT EMPLOYEE <input type="checkbox"/> D A E <input type="checkbox"/> CORE (Term expiration date. Specify in comment Section) <input type="checkbox"/> NDMS	<b>AFFILIATE</b> <input type="checkbox"/> OTHER GOVERNMENT AGENCY(Specify) _____ <input type="checkbox"/> CONSULTANT <input type="checkbox"/> CONTRACTOR (Specify firm & contract no. in comments section) <input type="checkbox"/> NDMS
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**POSITION TITLE:**

**COMMENTS (Contract Company Name and Contract No.)**

<b>INDIVIDUALS SIGNATURE</b>	<b>DATE</b>
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**PART II – AUTHORIZATION**

<b>FEMA SUPERVISOR</b> (Type or print name& title)	<b>SIGNATURE</b>	<b>OFFICE SYMBOL</b>	<b>TELEPHONE</b>
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**FOR OFFICIAL USE ONLY**

NEW PROX NO.		
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