# Office of State Buildings
## State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

## Employee Identification Badge/Access Card Enrollment Form

**OSB Badging Office's Telephone Number: (225) 219-4799**
**Fax the completed and signed form to (225) 219-9309**

### Access Cardholder Information

| | | | | | |
|---|---|---|---|---|---|
| **First Name:** | | **M.I.** | | **Last Name:** | |
| **Date of Birth (MM/DD/YY):** | | | | | |
| **Personnel No./La. Driver License No.:** | | | | | |
| **Agency:** | | **Department:** | | | |
| **Building Name:** | | | | | |
| **Telephone (work):** | | | | | |

**Please indicate and mark "X" on one of the following:**

☐ **Full time/part time, classified/unclassified state worker**

☐ **Student worker**

### Building Access Code(s) & Access Time(s)

| | |
|---|---|
| **Building Access Code(s):** | |
| | |
| | Access group name(s) must be listed. |
| **Time of Access:** | |
| | |
| | (ex. Office hours Monday-Friday, 24 hours 7 days a week, etc. Access times must be listed. |

### Signature Requirement

**I affirm that the above information is correct to the best of my knowledge.**

| | | | |
|---|---|---|---|
| **Authorized Agency Rep. Signature:** | | **Date:** | |
| **Printed Name:** | | **TEL No.:** | |

**Information requested in First/Last Name, Agency and Department will appear on the face of the I.D. card. The remaining information will remain confidential and will not be available to any person(s) or entities outside the control of the DOA/OSB Badging Office and will not be displayed on the face of the I.D. card.**

### For Internal Use Only – Please do not mark in this area

| Issued Access Card No. | Processed By | Date |
|---|---|---|
| | | |

P. O. Box 44001 ⚜ Baton Rouge, Louisiana 70804-4001 ⚜ (225) 219-4800 ⚜ 1-800-354-9548 ⚜ Fax (225) 219-4810
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