Office of State Buildings
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

Contractor Access Card Enrollment Form

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

Access Cardholder Information

Contractor's First Name:		**Last Name:**	
Date of Birth (mm/dd/yy):		**La. Driver License No.:**	
Company's Name:			
Company's Address:			
Company's Phone Number:			
Supervisor's First Name:		**Last Name:**	
Supervisor's Job Title:			

State Agency Information

Agency:	
Department:	
Building Name:	Welcome Center
Telephone (work):	

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

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

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

Issued Access Card No.	Processed By	Date

CONTRACTOR'S NAME: _____

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Duration Period Expected to Perform Work

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

☐ One Month ☐ Three Months ☐ Six Months ☐ Other**

***If Other, provide justification below:*

_____

_____

Purpose of Work to Be Performed by Contractor:

_____

_____

Federal Equal Employment Opportunity Law Requirements

The State of Louisiana requests the data below so that we may comply with Federal Equal Employment Opportunity Law Requirements.

Ethnic Origin:

☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Race:

☐ White ☐ American Indian/Alaskan Native ☐ Native Hawaiian or other Pacific Islander

☐ Asian ☐ Black or African American ☐ Other

Gender:

☐ Male ☐ Female

Place of Birth: _____

REQUIREMENT FOR SUBMITTAL:
All two (2) pages must be completely filled out for badge to be issued. The completed forms must be submitted to OSB ID/Badging office via email to Mary.Norton@LA.GOV or via fax to (225) 219-9309.