

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:	
Telephone (work):	

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

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

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.