

**AUTHORIZATION FOR
BADGE ISSUANCE/CLEARANCE REQUEST**
(Complete prior to attending New Hire or Contractor Orientation)

(_____) with (_____), is
print name *company*
authorized to receive an identification card/badge after completing orientation.

<p>Contractor Company Contact Information</p> <p>On Site Supervisor _____ Supervisor's Phone Number _____ Email address _____</p> <p>Company Safety Rep _____ Safety Rep Phone Number _____ Safety Rep Email _____</p>	<p>MBUSI Project Manager Authorization</p> <p>Name _____ Badge Number _____ Phone Number _____</p> <p style="text-align: center;">_____ (Signature)</p>
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Primary Business On-Site (Electrical, structural work, cleaning, etc.) _____

***Please check all access areas needed.**

1	2nd Floor Media Room	13	IT Department	25	TC/VC Production Doors
2	ACN Computer Room	14	IT Department Mainstreet	26	TC Ext. and Prod. Doors
3	ACN-IBM Rooms	15	Limited TC Exterior Doors	27	TC Exterior Doors
4	AI3	16	Mgr/Facilities Maintenance	28	TC/VC Corridor
5	Body Shop CMM Area	17	Paint Shop/Mix Room	29	Test Track
6	Central Library	18	PCS File Room	30	TSW
7	Childcare Access	19	PCS Lab	31	Turnstile Entry
8	Childcare Staff	20	PPS	32	Unlimited
9	Cubing	21	PPS Parts Cage	33	WC and CC Corridor
10	EVS	22	Reference Library	34	Wellness Only
11	EVS Extra Hours	23	SDC Repair	35	Wellness Staff
12	IBM Rooms	24	Tank Farm		

***Unlimited clearance requires the signature of a Safety AM or Emergency Response Coordinator
 ***Test Track clearance requires the signature of the Test Track Administrator

MEDICAL OFFICE DRUG SCREEN CLEARANCE		
PRINT NAME _____	SIGNATURE _____	DATE _____
SAFETY ORIENTATION VERIFICATION		
PRINT NAME _____	SIGNATURE _____	DATE _____