Revised 2/2024

0

Office of State Buildings State of Louisiana

Division of Administration

JEFF LANDRY Governor



 $TAYLOR \ F. \ BARRAS \\ \textbf{Commissioner of Administration}$

Contractor Access Badge Enrollment Supplemental Form

OSB Badging Office's Telephone Number: 225.219.4799 Completed and signed forms may be faxed to 225.219.9309 or emailed to <u>Badging.Office@la.gov</u>

| | Access Badge Holder Company Information |
|-------------------------|---|
| Company Name: | |
| Company Address: | |
| Company Phone N | umber: |
| Supervisor Name: | |
| Supervisor Job Titl | le: |
| | |

State Agency Contracting with Company

| Agency: | |
|-----------------------|--|
| Department: | |
| Building Name: | |
| Telephone (work): | |

Purpose of Work to be Performed by Contractor

Duration Period Expected to Perform Work

| One Month | Three Months | Six Months | Other* |
|----------------------|---------------------|------------|--------|
| *If "Other," provide | ustification below: | | |
| | | | |
| | | | |
| | | | |
| | | | |