## Office of State Buildings State of Louisiana

Division of Administration

JEFF LANDRY GOVERNOR



TAYLOR F. BARRAS COMMISSIONER OF ADMINISTRATION

Access Badge Replacement Form
OSB Badging Office's Telephone Number: 225.219.4799
Completed and signed forms may be faxed to 225.219.9309 or emailed to <a href="mailto:Badging.Office@la.gov">Badging.Office@la.gov</a>

Access Badge Holder Information							
First Name:			M.I.	Last Name:			
Date of Birth:				<b>Driver License No.:</b>			
Please select one of the following:							
State Employee (full-time)			Student Worker		Intern		
Agency:			Department:				
Contractor	Compar	ny Name:					
Replacement Information							
Please select one of the following:  * denotes \$10.00 replacement fee may apply if damaged, lost or stolen badge was issued within 5 years.							
Lost* Name Change							
(Only acceptable upon marriage, divorce, or OSB error. Copy of driver's license required.)							
Damaged*			Stolen*				
Abuse*		Police Report Attached?					
Normal 1		Yes	No*				
Payment Method							
Check or Money Order should be made payable to DOA/Office of State Buildings.							
Check					Money Order		
Number:				Total Amount:			
LaGov Interagency Transfer							
Business Area		Co	ost Center	General Ledger		Order	
Fund			WBS	Internal Or	ler	Functional Area	
Signature Requirement							
Badge Holder Signature:						Date:	
Badging Coordinator Signature:						Date:	
Badging Coordin	ator Printed	Name:					
For Internal Use Only – Please do not mark in this area							
Issued Acc	ess Badge No	) <b>.</b>	Processed By		Date		