

CONTRACTOR TEMPORARY BADGE REQUEST SHEET

Please print clearly

Date_____

FIRST NAME:_____ MIDDLE:_____ LAST:_____

SSN:_____ DOB:_____

Phone number:_____

Alias or Maiden Name:_____

Sex:_____

Race:_____

Eye Color:_____ Hair Color:_____

Height:_____

Weight:_____

City of Birth:_____ State:_____ Country:_____

Citizenship:_____

Project Name:_____

VA Coordinator Name:_____ Signature_____

Name of Prime Contractor_____

Date of Work Completion, **Must Turn Badge In to Dispatch:** _____

Company:_____

Job Title:_____

Company Phone number:_____

Company Address____:_____

Door Access Requested:_____

Justification:_____

Contractors Vehicle Registration

This form must be completed and returned to the VA Police – Dispatch Office

A. Drivers Information

Driver Name (Please Print) _____ Cell phone # _____

Start Date of project _____ Estimated End Date _____

Contracting Company Represented _____

Name of VA POC or COR _____

B. Vehicle Information

License Plate Number _____ State Registered _____ Vehicle Make _____

Vehicle model _____ Vehicle Year _____ Vehicle Color _____

Body Style (Car, Pick up, Van, Trailer) _____

--- Notice ---



Be advised the following measures shall be strictly adhered to and enforced by Police

- All contractors expecting access to the Albany VA Medical Center shall obtain an ID badge prior to any activity and have them prominently displayed at all times. Access to the Medical Center shall be limited to persons who have proper identification.
- There shall be no vehicles parked within 50 feet of the Medical Center building. Violators will be subject to ticket and/or tow.
- All deliveries (vehicles closer than 50 feet) shall include one man staying with the delivery vehicle at all times as materials are delivered or removed.
- Deliveries shall be coordinated as to time of delivery with respective project site superintendent and COR.
- All Contractors shall provide a completed vehicle information sheet to the Police.

