

DLAR Staff-PPD-Security-Vendor Request for Access to DLAR Facilities



UK Person ID #:	DLAR Office Use Only
Last Name: First Name: UK Badge #:	DLAR Staff □ MC DLAR All ENCOMPASSING □ Bio-Pharm Pin Code:
e-mail: DLAR Staff PPD/Security Vendor	PPD and Security □ MC DLAR All ENCOMPASSING/ PPD/ SECURITY □ Bio-Pharm Pin Code:
understand that I am not to loan my badge to anyone or use any other than my own. In the event I am involved in the confiscation of a badge for either reason, I understand that I have violated my access approval, and my privileges will be revoked.	Vendor □ MC DLAR All ENCOMPASSING □ Bio-Pharm Pin Code:
Signature Date	
Stop Here and Submit Form	Checklist:
E-mail: Complete form, push sign HERE button for electronic signa- ure, save file with a new name, push submit button to e-mail.	□ PIN for Bio–Pharm DLAR Sticker: Date: Init:
Fax: Complete form, print, sign and fax to 859-323-6002	EyeLock: Date: Init:
n Person: Complete form, print, sign and drop off in HSRB 204 Monday-Friday 7:30-4:00)	Database: Date: Init: Security: Date: Init: DLAR-TRG-14 Date
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