



Albany NanoTech Complex Access Card Request Form

Form Number/Rev #
ANT-00001-F1 R23

SPONSOR INFORMATION

Sponsor Name:		Title:	
Company:		Email Address:	
Phone:			

Requests must be made by Authorized Sponsors only. A list of Authorized Sponsors is updated by Access Control.

REQUESTED FOR EMPLOYEE INFORMATION

Legal First Name:		Legal Last Name:	
Company:		Title:	
Email Address:		Phone Number:	
Country of Citizenship:		<i>If other than a US citizen and not a Permanent Resident Card holder, enter DOB, Visa Type, and phone number.</i>	
Date of Birth (MM/DD/YY)		Visa Type:	

Email form to Access Control at accesscontrol@ny-creates.org. If the person is other than a US Citizen and is not a Permanent Resident Card holder, email to both Access Control and NY CREATES Security Erin Commerford at ecommerford@ny-creates.org and Joseph Kosakowski at jkosakowski@ny-creates.org for non-US person clearance. A permanent resident employee will be required to present their permanent resident card at time of check-in.

ACCESS REQUESTED

Check box if form is for a badge extension

EMPLOYEE'S START AND END DATES:

**If the employee is not a temporary employee, the end date should match the assigned company term date as part of the annual renewals process.

(MM-DD-YY): From _____ To _____

DAYS: Mon-Fri Mon-Sat Mon-Sun **TIMES:** From _____ To _____ 24 HRS

GENERAL SITE ACCESS: Requires completion of Safety Orientation Training. YES NO

CLEANROOM ACCESS: Requires completion of Safety Orientation and Cleanroom Safety. YES NO

ADDITIONAL ACCESS: Must be submitted by the sponsor in a separate email to accesscontrol@ny-creates.org indicating the person(s) name and badge number requiring the access, card reader(s) being requested, and a brief explanation as to the necessity.

LAB ACCESS: Requires completion of Safety Orientation and Lab Safety Training.

Lab Room #(s) _____ Additional Required Training: BioSafety Laser Safety

STUDENT ACCESS: Requires completion of Safety Orientation Training Bio Undergrad Grad Post Doc

ACCESS CONTROL USE ONLY

TRAINING VERIFICATION:

Completed: Safety Orientation Cleanroom Safety Lab Safety Verified By: _____ Date: _____

PROGRAMMED/ISSUED BY: _____ / _____ **Card Number:** _____

POLICY COMPLIANCE*:** _____

***By signing above, the employee acknowledges that they have received their Albany NanoTech Complex Access Badge, Rules Regarding Your Badge document, and that they will comply with all of the site's access policies. The employee also acknowledges that they understand that not following all items outlined may result in revocation of access and the employee may need to retake training for access to be reinstated.

Applicable Exports Control Documentation for this individual is on file with the Human Resource Dept. or Exports Control Authority of the Sponsor's organization.