



Smithsonian Institution
Office of Protection Services

APPLICATION FOR IDENTIFICATION CREDENTIAL

SI-4008

[Instructions available at the OPS Web site](#)

MUST SPECIFY LEGAL NAME FOR CREDENTIAL			
Last Name:	First:	Middle:	
Last 4 Digits of SSN:	Date of Birth:	Prior Federal Background Investigation: (If known)	Yes No
CHECK ONE		POSITION RISK DESIGNATION	
New ID		Low (minimum required)	
Status Change		Moderate	
Replace Lost/Stolen		High	
Extension Renewal			
CREDENTIAL TYPE			
SI Credential with Background Check, No Escort Required		SI Credential without Background Check, Escort Required	
Staff — Permanent SI, Temporary SI, Federal/Trust Employee, Regent		Early Enrichment (Child)	
Contractor		Board Member	
Other — Volunteer, Intern, Researcher, etc.		Retired	
Facility in which individual will be working: <i>(Please refer to the facility list for the official acronym)</i>			
If appointment will end in less than one year, provide the date appointment will end:			
SPONSOR			
Name:		Title:	
Telephone Number:		Email:	
Original Signature of Applicant Sponsor:			Date:
SECURITY AWARENESS			
I hereby acknowledge that I have reviewed and will comply with the Smithsonian Institution General Security Awareness .			
Original Signature of Applicant:			Date:

Form is valid for 60 days from signature date.

This form should be accompanied by an [OF-306](#) completed by the applicant, and a tentative offer letter or record of association.

All employees and affiliated staff (new and renewal) will be required to present two forms of ID – one must be a photo ID – at the time the credential is issued. [Please refer to the Acceptable Forms of ID list.](#)