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| **TRINITY HEALTH OAKLAND SECURITY SERVICES**  **BADGING REQUEST FORM AND VEHICLE REGISTRATION** | | | |
| **\*\*\*FORM MUST BE SIGNED BY AN AUTHORIZED AGENT/COORDINATOR OF TRINITY HEALTH BEFORE A BADGE CAN BE ISSUED**  **Security Dispatch, 1st Floor - Office Hours: Monday through Friday 8am-11am and 1pm-4pm.**  **Questions, please call 248-858-3120 or E-mail: badgerequest@trinity-health.org**  **\*\*\*24 BUSINESS HOURS REQUIRED PRIOR TO BADGING** | | | |
| **Employed With Trinity IHA First Choice Select Specialty**  **Children's Learning Center Medical Office Building/Suite #\_\_\_\_\_\_\_**  **Contractor: Company Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Last Name** | **First Name** | **Middle Initial** | **Last 4 Digits of SS#** |
| **Job Title** | **Manager Name** | **Medical Credentials** | **Employee ID Number**  **NPI Number** |
| **\*\*\*FOR STUDENTS\*\*\*** | | | |
| **Medical Student**  **Nursing Student**  **Other-Specify** | **University Name** | **Start Date**  **End Date** | **Instructor Name** |
| **\*\*\*VEHICLE IDENTIFICATION\*\*\***  **\*\*\*BADGE CANNOT BE ISSUED WITHOUT VEHICLE INFORMATION\*\*\*** | | | |
| **Make**  **Model** | **Year** | **Color** | **License Plate** |

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**Trinity Health Authorized Agent**    **Date**