

<i>Office Use Only (Entered by)</i>			 <h1 style="margin: 0;">BP Whiting</h1>	<i>Office Use Only (Entered by)</i>		
VTMS	Initials	Date		Ccure	Initials	Date
Entered				Entered		
Verified				Verified		

Contractor Remote Activation Request

ALL FIELDS on this form are required. If any information is missing, the request **WILL NOT** be processed!

REQUESTOR INFORMATION	
Name:	
Company:	
Phone #:	Email:
Date Submitted:	Requested Activation Date:

By submitting this form you are certifying that the employees listed below meet all the requirements for reentry at the BP Whiting refinery.

The requestor will be notified when the request has been processed and the badges are active.

Name of Supervisor to whom listed employees will report:					
	Employee Full Name (include First, Middle and Last Name)	Action R = <u>R</u> ehire C = <u>C</u> o. Change I = Reinst a te/ _Inactivity	BP Badge #	Training Expiration Date	Drug Screen Results (attach proof)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

If more lines are needed, use additional forms. Once completed, please email this form to wbucontractor@bp.com.