



## Michigan Refining Division Lenel Badge Application

Contractor/Employee Information	
First Name	
Last Name	
Middle Name	
Employee # (Employees Only)	
Home Address	
City	
State	
Zip Code	
Contact Phone #	
Date of Birth	
Company Information	
Company/Department	
Supervisor Name	
Supervisor Phone #	
Work Phone #	

**Please be sure all information is complete, accurate and legible!**

I understand that the Identification (Lenel) Badge assigned to the above listed Marathon Employee/Contractor is the property of the Michigan Refining Division and subject to unannounced audits. All lost/stolen Lenel ID Badges must be reported to Security immediately.

**Employee/Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_