

REQUEST FOR GATE CLEARANCE

PELICAN BAY STATE PRISON Crescent City, California

All individuals, except CDC employees, government agents, military personnel, elected government officials, and other dignitaries must have a security clearance. Please provide full name, date of birth, driver's license, and social security number of each individual.

Firm/Agency _____ Address: _____

Phone Number: _____ Fax Number: _____

NAME OF VISITOR: _____

NAME OF VISITOR: _____

DRIVER'S LICENSE #: _____

DRIVER'S LICENSE #: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DATE PREVIOUSLY CLEARED: _____

DATE PREVIOUSLY CLEARED: _____

NAME OF VISITOR: _____

NAME OF VISITOR: _____

DRIVER'S LICENSE #: _____

DRIVER'S LICENSE #: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DATE PREVIOUSLY CLEARED: _____

DATE PREVIOUSLY CLEARED: _____

SPECIAL INSTRUCTIONS

NAME OF EMPLOYEE/SPONSOR: _____ SIGNATURE OF SUPERVISOR: _____
Date: _____

DEPARTMENT: _____ CONTRACT: YES OR NO

ESCORT IN/OUT PROVIDED BY: _____ DEPARTMENT/TELEPHONE EXT: _____

PURPOSE OF VISIT (Including institution area to be visited and equipment or material to be brought in):

Date(s) of Visit _____ Monthly Clearance _____ Hour(s) of Visit _____
(LIST MONTH BEING REQUESTED)

APPROVED / DISAPPROVED

DISTRIBUTION

METAL DETECTOR

Lt. J. BERG
ADMINISTRATIVE ASSISTANT

WATCH LT.
CENTRAL CONTROL
MAIN/FRONT GATE
SHU ENTRANCE
LEVEL IV ENTRANCE
SALLY PORT
LEVEL I PROGRAM
SPONSOR

REQUIRED:

NOT REQUIRED:

DATE