

**CALIFORNIA STATE PRISON-SOLANO
GATE CLEARANCE**

CONFIDENTIAL

Submission Date: / /
Processing time: 10 working days

SEQ#: 20__ - __
current year – chronological #

Entrance Binder - Tab:

DATE(S) OF VISIT:
12 month maximum

DAY(S) OF VISIT:
list each day of the week a visit is scheduled

HOURS OF VISIT:
specify hours for each day of visit

NAME OF FIRM / AGENCY:

ACCESS TO INSTITUTIONAL KEYS: YES NO

*	Full Name <i>(last, first, middle)</i>	Gender	Driver's License		Social Security # <i>*optional for attorneys</i>	Date of Birth	Emergency Contact	
			#	State			Name	Phone #
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* Indicates the individual is current approved on another valid gate clearance.

CAMERAS/CELL PHONES: Require special approval from AA/PIO

COMPUTERS/EQUIPMENT: Require special approval - separate clearance form(s)

SERVICE PROVIDED (circle): Education Food Svcs Medical Plant Ops SAP Tour Other (specify) _____

ILTAG (name) _____ Religious (faith group) _____ Self-Help (program) _____

ASSIGNED LOCATION/AREA(S) OF ACCESS (circle/list): Central Svc _____ Education _____ Health Care _____ Other _____

Level II _____ Level III _____ PIA _____ Plant Ops _____ SAP _____

EMPLOYEE ESCORT: Staff (name) _____ Ext. _____ Brown Card Volunteer (name) _____

SPECIAL INSTRUCTIONS: _____ MATERIALS TO BE BROUGHT IN (personal use only): _____

EMPLOYEE SPONSOR: (name) _____ (signature) _____ DATE: ____/____/20__

DEPT/DIVISION HEAD: (name) _____ (signature) _____ DATE: ____/____/20__

ADMINISTRATION ASST: (signature) _____ **APPROVED** **DISAPPROVED** DATE: ____/____/20__

DISTRIBUTION (fax #): Level II Entrance (3288), Level III Entrance (3418), Watch Commander (3201), Investigative Services Unit (3247), Truck Sally Port (5032)