

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. **All information will be maintained confidentially, but must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A"
(CANDIDATE)

- (Check one)
- I am requesting a Single Facility Clearance Identify Facility _____
 - I am requesting a Multi-Facility Clearance (Circle all facilities that you require access to during clearance period)

ALB BEN CAM CBS CEN CHS COA DAL FRA FRS FYT GRA GRN HOU
(Camp Hill)
HUN LAU MAH MER MUN PIT PNG QBC RET ROC SMI SMR TRA WAM CCC

- I am requesting a Statewide Clearance (Access required at every DOC facility within the clearance period)

Category: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> VENDOR (Construction, Food delivery, Service, Repairs, IT, etc) | <input type="checkbox"/> COMMONWEALTH EMPLOYEE Employee # _____ |
| <input type="checkbox"/> CONTRACT SERVICE PROVIDER
(Medical, Mental Health, Therapeutic or Contract Chaplaincy) | <input type="checkbox"/> OFFICIAL VISITOR (PA Prison Society) |
| <input type="checkbox"/> VOLUNTEER PROGRAM | <input type="checkbox"/> OFFICIAL VISITOR (Govt) |
| <input type="checkbox"/> PUBLIC VISITOR (Ministry) | <input type="checkbox"/> ORGANIZATION |
| <input type="checkbox"/> PUBLIC VISITOR (Government) | <input type="checkbox"/> INTERN/EXTERN |
| <input type="checkbox"/> PUBLIC VISITOR (Criminal Justice Agency) | <input type="checkbox"/> REENTRY SERVICES |
| <input type="checkbox"/> PUBLIC VISITOR (Entertainment, Activities, Sports, Guest Speaker) | <input type="checkbox"/> AGENCY TEMP SERVICES |
| | <input type="checkbox"/> OTHER (identify) _____ |

Initial Clearance Request:
Renewal Request:

Purpose of Visit _____

Organization/Agency/Company/Program Name: _____ Abbreviation if applicable (_____) _____

Subcontracted to: _____ Title or Position _____

Last Name _____ First Name _____ Complete Middle Name _____

List all previously used names : _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____ or

Passport # _____ Alien Registration # _____ Visa # _____

Sex _____ Race (circle) W B I A Height ___ ft ___ in Weight _____ lbs Eye Color _____ Hair Color _____

Current Address: _____, City _____, State _____ Zip Code _____

Prior Address: _____, City _____, State _____ Zip Code _____

Place of Birth _____, _____ E-mail Address _____ @ _____ . _____

Home Phone: () _____ - _____ Alternate Phone: () _____ - _____

Current Driver's License Info: State _____ Operator ID only license List OLN Number _____ Valid: Yes No

Previous Licenses (list all states & #'s that apply) State _____ Operator/Non-Operator Number _____

Identify names, relationships and locations of any relatives or close friends confined in any DOC Facility _____

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature

Date

SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member: _____ Emp #: _____ Date of Request _____

Describe Specific Event or Access: _____ Specific Period of Access Required _____

Security Office approving staff member signature _____ Emp # _____ Facility _____ Date _____