ATTACHMENT "A" NEW PERSONNEL NOTIFICATION FORM DDSP SECURITY INFORMATION

DATE SUBMITTED	• <u> </u>	ARRIVAL DATE:			
CONTRACT NUMB	ER:				
CONSTRUCTION PROJECT DESCRIPTION:					
NAME OF PRIME O	CONTRACTOR:				
POC TELEPHONE	NUMBER:	•			
EMPLOYER COMP	ANY NAME:				
ESCORT NAME:					
EMPLOYER COMP	ANY NAME:				
ESCORT PHONE N	UMBER:				
EMPLOYER COMP	ANY NAME:				
DISTRIBUTION:	SECURITY DESK	FAX: 717-770-5480			
	PASS AND ID	FAX: 717-770-8146			

FAX: 717-770-2910

COR

Attachment B Contractor & Visitor Badge Request (Short Form-Less Than 90 days)

NAME:
(Last Name) (First Name)
*Date of Birth:
*Social Security Number:
Name of Company:
Name of Company:
Government Point of Contact:
Phone Number:
Length of Stay (Less than 90 days):
Destination on Depot:
Expected Arrival Date and Time:
• • • • • • • • • • • • • • • • • • • •

*Notes:

- If individual will be driving a vehicle on the depot, they need to bring a current driver's license, current vehicle registration and current insurance card for the vehicle. Vehicles without this information will NOT be allowed access to the installation.
- If badges need to be renewed, a request must be submitted by the Government Point of Contact. Without proper paperwork, badge requests will not be honored.
- If individual is visiting for 2 or more weeks, Pass & ID needs to be provided with the visitor's SSN or DOB.

ATTACHMENT "C" (LONG FORM) (*MORE THAN 90 DAY STAY*) DDSP SECURITY INFORMATION

Social Security Number				ND ID Use Only:
Last Name:		Date Iss	sued:	
First Name:				
Middle Initial:				
Prime Contractor:			ID Num	ber:
Sub-Contractor:				
Destination:				
Point of Contact:				
POC Phone Number:				
Emergency Remarks (H	ealth Problems, N	Medications, etc:)		
Address:				
City				
State:		Zip Code:		
Home Phone Number:				
Birth Date (DD/MM/YY	YY):			
Birth Place (City, State,				
Emergency Contact Nam				
Emergency Contact Pho	ne Number:			
	emale ()			
Height in Inches: () inches			
Weight in Pounds: () pounds			
Eye Color:				
Hair Color:				
Length of Stay:				
Number of Days:				
Number of Months:				
Number of Years:				
Name:				
Driver License Number:			•	
State License:				
				· · · · · · · · · · · · · · · · · · ·
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make:				
Model:				
Year:				
Style:				
Color:				
Plate Number:				-
Plate State:				
Decal:				
Date Issued:				

ATTACHMENT "D" BADGE RENEWAL FORM DDSP SECURITY INFORMATION

CONSTRUCTION CONTRACT PROJECT:					
PRIME CON	TRACTOR:				
SOCIAL S	ECURITY NUMBER:				
LAST NAME	::				
FIRST NAMI	E:				
MIDDLE INI	TIAL:				
PRIME CON	TRACTOR:				
SUBCONTRA	ACTOR:				
PROJECT N	AME/DESTINATION:				
	•				
LENGTH OF	TIME RENEWAL REQUESTER	D FOR:			
OFFICE PHO	OFFICE PHONE AT DDSP:				
EMERGENC	Y REMARKS (Medication, Healt	th Problems, etc.):			
ADDRESS:_					
CITY:					
STATE:					
ZIP CODE:_					
HOME PHO	NE NUMBER:				
BIRTH DAT	E (DD/MM/YY):				
BIRTH PLAC	CE (City, State, Country):				
	Y POINT OF CONTACT:				
EMERGENC	Y CONTACT PHONE NUMBER	R:			
SEX:	MALE	FEMALE			
HEIGHT IN	INCHES:			_	
WEIGHT IN	POUNDS:				
EYE COLOR	R:				
HAIR COLO	R:				

ATTACHMENT "E" CONTRACTOR DELIVERY NOTIFICATION FORM DDSP SECURITY INFORMATION

DATE SUBMITTED:	ARRIVAL DATE:			
CONSTRUCTION PROJECT DESCRIPTION:				
POC TELEPHONE NUMBER:				
SHIPPER NAME:				
ETA AT POST 4:				
DESCRIPTION OF DELIVERY:				
ESCORT NAME:				
ESCORT PHONE NUMBER:				
SHIPPER NAME:				
ESCORT NAME:				
SHIPPER NAME:				
DRIVER NAME:				
ETA AT POST 4:				
DESCRIPTION OF DELIVERY:				
ESCORT NAME:				
ESCORT PHONE NUMBER:				
DISTRIBUTION: SECURITY DESK	FAX: 717-770-5480			

FAX: 717-770-2910

COR