

ATTACHMENT "A"
NEW PERSONNEL NOTIFICATION FORM
DDSP SECURITY INFORMATION

DATE SUBMITTED: _____ **ARRIVAL DATE:** _____

CONTRACT NUMBER: _____

CONSTRUCTION PROJECT DESCRIPTION: _____

NAME OF PRIME CONTRACTOR: _____

PRIME CONTRACTOR POC: _____

POC TELEPHONE NUMBER: _____

EMPLOYER COMPANY NAME: _____

EMPLOYEE NAME: _____

ETA AT POST 3: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

EMPLOYER COMPANY NAME: _____

EMPLOYEE NAME: _____

ETA AT POST 3: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

EMPLOYER COMPANY NAME: _____

EMPLOYEE NAME: _____

ETA AT POST 3: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

DISTRIBUTION:

SECURITY DESK

FAX: 717-770-5480

PASS AND ID

FAX: 717-770-8146

COR

FAX: 717-770-2910

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:		PASS AND ID Use Only:
Last Name:		
First Name:		
Middle Initial:		
Prime Contractor:		
Sub-Contractor:		Date Issued:
Destination:		ID Number:
Point of Contact:		
POC Phone Number:		
Emergency Remarks (Health Problems, Medications, etc.):		
Address:		
City		
State:		Zip Code:
Home Phone Number:		
Birth Date (DD/MM/YYYY):		
Birth Place (City, State, Country):		
Emergency Contact Name:		
Emergency Contact Phone Number:		
Sex: Male () Female ()		
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 CONTRACTOR: _____

SOCIAL SECURITY NUMBER: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

PRIME CONTRACTOR: _____

SUBCONTRACTOR: _____

PROJECT NAME/DESTINATION: _____

LENGTH OF TIME RENEWAL REQUESTED FOR: _____

OFFICE PHONE AT DDSP: _____

EMERGENCY REMARKS (Medication, Health Problems, etc.): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

HOME PHONE NUMBER: _____

BIRTH DATE (DD/MM/YY): _____

BIRTH PLACE (City, State, Country): _____

EMERGENCY POINT OF CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

SEX: **MALE** _____ **FEMALE** _____

HEIGHT IN INCHES: _____

WEIGHT IN POUNDS: _____

EYE COLOR: _____

HAIR COLOR: _____

ATTACHMENT "E"
CONTRACTOR DELIVERY NOTIFICATION FORM
DDSP SECURITY INFORMATION

DATE SUBMITTED: _____ **ARRIVAL DATE:** _____

CONTRACT NUMBER: _____

CONSTRUCTION PROJECT DESCRIPTION: _____

NAME OF PRIME CONTRACTOR: _____

PRIME CONTRACTOR POC: _____

POC TELEPHONE NUMBER: _____

SHIPPER NAME: _____

DRIVER NAME: _____

ETA AT POST 4: _____

DESCRIPTION OF DELIVERY: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

SHIPPER NAME: _____

DRIVER NAME: _____

ETA AT POST 4: _____

DESCRIPTION OF DELIVERY: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

SHIPPER NAME: _____

DRIVER NAME: _____

ETA AT POST 4: _____

DESCRIPTION OF DELIVERY: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

DISTRIBUTION: **SECURITY DESK**
 COR

FAX: 717-770-5480
FAX: 717-770-2910