

The City of New York
Department of Correction



Special Operations Division
Rikers Island Security Unit

Form SOD/RISU2

CLEARANCE REQUEST AND AUTHORIZATION FORM

Effective 3/16/98

SECTION #1 - Instructions

Complete all of the required information in Section, #3 and #4. Submission of a clearance request does not necessitate approval. The command receives Notification of denials via fax and/or in writing. Confirmation of approvals shall be telephonically effected as follows:

Wardens/Commanding Officers or Deputy Wardens shall initiate facility clearance requests. All other commands (bureaus, divisions or units) – Senior Staff Members or Commanding Officers or Executive Officers, only. It is the responsibility of each facility/command to ensure that visitors are advised of the security/safety issues of the Riker's Is. Correctional Complex (e.g., speed limit, securing vehicles, display of ID/pass, unauthorized items)

| Category | Clearance Location | Telephone # |
|-----------------------|-------------------------------|----------------|
| Vehicle Access/Pass | Construction Control Trailer | (718) 546-1578 |
| Public Transportation | Rikers Is. Main Control Bldg. | (718) 546-1565 |
| Problems/Information | Rikers Is. Clearance Office | (718) 546-1539 |

SECTION #2 – Command Requests / Escort Information

| | | | | | |
|---|--|-------------|--------------|----------|------------------------------------|
| Date Requested: | Requested By (Print Last and First Name) | Rank/Title: | Shield/ID# | Command | Telephone #: |
| Uniform Escort Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | Escort Officer (Print Last and First Name) | Rank: | Shield #: | Command: | Telephone #: (___) ___ - ____ |
| Command Authorization <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Sr. Staff/Comm. Off./Dep. Warden/Exec. Off.: | Rank/Title: | Shield/ID #: | Command: | Telephone #: |

SECTION #3 – Clearance / Visit Information - COMPANY NAME:

PIN 072201520EHS

| Date of Visit: | Visitors' Full Name | Title | Visitors' Full Name | Title | V | i | Title |
|----------------------------|---------------------|-------|---------------------|-------|---|---|-------|
| | 1. | | 6. | | | | 11. |
| Estimated Time of Arrival: | 2. | | 7. | | | | 12. |
| | 3. | | 8. | | | | 13. |
| Agency / DOC Affiliation | 4. | | 9. | | | | 14. |
| | 5. | | 10. | | | | 15. |

Destinations (Check All That Apply):

- ARDC JATC Assets Management/Environmental Health Correction Industries Div./Support Services Unit Riker's Is Main Control Bldg Riker's Is Visitor Control Bldg
- AMKC NIC Bureau Chiefs' Trailer DGS (Dept. of General Sves.) Trailer Transportation Div.
- CIFM/HHP OBCC/CPSU Chapel Dockhouse/Ferryboats (OBCC Annex) Shore Rd. Trailer (Specify Area/Unit)
- GMDC RMSC/STEP Chief of Department's Field Office Firehouse/K-9 Unit Special Operations Div. (Specify Area/Unit)
- GRVC WF/CDU Construction Management Unit Powerhouse Other (Specify Location):

| | | | | | | | |
|------------------|---------------------------------------|-----------------------------------|---------------------------------|--|---------------------|---|--|
| Reason For Visit | <input type="checkbox"/> Construction | <input type="checkbox"/> Delivery | <input type="checkbox"/> Repair | <input type="checkbox"/> Volunteer Work | Type of Access/Pass | <input type="checkbox"/> Gate #1 Restricted | <input type="checkbox"/> East/West Parking Field |
| | <input type="checkbox"/> Clergy | <input type="checkbox"/> Meeting | <input type="checkbox"/> Survey | <input type="checkbox"/> Other (Specify) _____ | | <input type="checkbox"/> Gate #2 Restricted | <input type="checkbox"/> Gate #1 Unrestricted |
| | | | | | | | <input type="checkbox"/> Other (Specify) _____ |

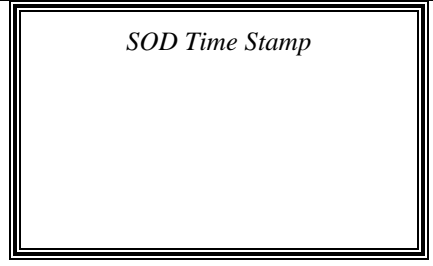
SECTION #4 – Vehicle Information

Check Here if None In the event the number of vehicles exceeds four (4), attach additional vehicle information on a 600ar.

| Vehicle | Year | Make | Model | Color | License Plate | State | Vehicle Type | | | | |
|---------|------|------|-------|-------|---------------|-------|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|
| #1 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| #2 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| #3 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| #4 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |

SECTION #5 – FOR SOD USE ONLY:

| | | | |
|--|---|---|--|
| Date Received: / / | Reviewed By (Clearance Officer) | Rank: | Shield #: |
| Time Received: : hr. | Approved By (SOD/RISU Supervisor) | Rank: | Shield #: |
| Final Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Type of Access/Pass: | <input type="checkbox"/> Gate #1 Restricted | <input type="checkbox"/> East/West Parking Field |
| | <input type="checkbox"/> Gate #2 Restricted | <input type="checkbox"/> Gate #1 Unrestricted | <input type="checkbox"/> Other (Specify) _____ |



Remarks: