


<h1 style="margin:0;">The City of New York</h1> <h2 style="margin:0;">Department of Correction</h2>					<h1 style="margin:0;">Special Operations Division</h1> <h2 style="margin:0;">Rikers Island Security Unit</h2>		
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:

<p>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)</p>	<p><u>Category</u></p> <p>Vehicle Access/Pass Public Transportation Problems/Information</p>	<p><u>Clearance Location</u></p> <p>Construction Control Trailer Rikers Is. Main Control Bldg. Rikers Is. Clearance Office</p>	<p><u>Telephone #</u></p> <p>(718) 546-1578 (718) 546-1565 (718) 546-1539</p>
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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 072201514MIS

Date of Visit:	Visitors' Full Name	Title	Visitors' Full Name	Title	V	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):

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

Reason For Visit <input type="checkbox"/> Construction <input type="checkbox"/> Delivery <input type="checkbox"/> Repair <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Clergy <input type="checkbox"/> Meeting <input type="checkbox"/> Survey <input type="checkbox"/> Other (Specify) _____	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) _____
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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 #:	<div style="border: 3px double black; padding: 20px; margin: 10px auto; width: 80%;"> SOD Time Stamp </div>
Time Received:	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"/> Gate #1 Unrestricted	<input type="checkbox"/> East/West Parking Field <input type="checkbox"/> Other (Specify) _____	

Remarks: