

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 072201412SSD

Date of Visit:	Visitors' Full Name	Title	Visitors' Full Name	Title	V	i	Title
July 16, 2014	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 checked="" 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) _____

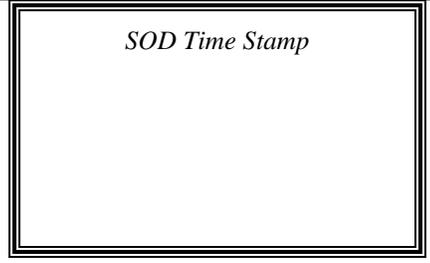
SECTION #4 – Vehicle Information

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: