Dated _____

RE: Security Requirements

Dear Vendor:

All current Department of Correction contractors are required to acknowledge receipt and full compliance of the Agency's current "Security Requirements," which is attached to this memorandum. You have ten (10) days from the date of receipt of this letter to return the signed acknowledgement page in the enclosed self-address envelope. Failure to do so may cause the Agency to commence contract termination procedures.

Please contact me at 718-546-0690 if you have any questions. I may also be reached by email at docacco@doc.nyc.gov. In the interim, I thank you for your full cooperation and compliance.

Yours truly,

Ava B. Rice

Ava B. Rice

I hereby acknowledge receipt of the "Security Requirements".

_____
Vendor Name

_____
Vendor Representative's Name (Print)

_____
Vendor Representative's Signature

_____
Date

The City of New York		Special Operations Division
Department of Correction	(Correction Department seal)	Rikers Island Security Unit

Form SOD/RISU2	*CLEARANCE REQUEST AND AUTHORIZATION FORM*	*Effective 3/16/98*

SECTION #1 –

Complete all of the required information in Sections #2, #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? ☐ Yes ☐ No	Escort Officer (Print Last and First Name)	Rank:	Shield #:	Command:	Telephone #: (_ _ _) _ _ _ - _ _ _ _
Command Authorization ☒ Approved ☐ Denied	Sr. Staff/Comm. Off./Dep. Warden/Exec. Off.:	Rank/Title:	Shield/ID #:	Command:	Telephone #:

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

Date of Visit:	Visitors' Full Name	Title	Visitors' Full Name	Title	Vi	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 Svcs.) 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	☐ Construction ☐ Delivery ☐ Repair ☐ Volunteer Work ☐ Clergy ☐ Meeting ☐ Survey ☐ Other (Specify) _____	Type of Access/Pass	☐ Gate #1 Restricted ☐ East/West Parking Field ☐ Gate #2 Restricted ☐ Gate #1 Unrestricted ☐ Other (Specify) _____

SECTION #4 – Vehicle Information

☐ Chack 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							☐ Car ☒ Van ☐ Bus ☐ Truck ☐ **Other**
#2							☐ Car ☐ Van ☐ Bus ☐ Truck ☐ Other
#3							☐ Car ☐ Van ☐ Bus ☐ Truck ☐ Other
#4							☐ Car ☐ Van ☐ Bus ☐ Truck ☐ Other

SECTION #5 – FOR SOD USE ONLY:

Date Received: / /	Reviewed By (Clearance Officer)	Rank:	Shield #:	*SOD Time Stamp*
Time Received: : hr.	Approved By (SOD/RISU Supervisor)	Rank:	Shield #:	
Final Determination ☐ Approved ☐ Denied	Type of Access/Pass: ☐ Gate #2 Restricted	☐ Gate #1 Restricted ☐ Gate #1Unrestricted	☐ East/West Parking Field ☐ Other (Specify) _____	

Remarks: