

**BUILDING ACCESS REQUEST FORM**

**\*\*\*This process does not allow un-escorted access and a Federal Employee must be present while the approved personnel are on site\*\*\***

**[ ] Fingerprints have been submitted electronically – No FP Card Attached**  
(To be completed by the Project Manager)

**This Section to be completed by the Applicant or Government Representative**

**\* Indicates Required Fields, If there is no middle name put in NMN**

**\* APPLICANT'S NAME** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(PRINT) (LAST) (FIRST) (MIDDLE)

**\* SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **\* DATE OF BIRTH** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

**\* PLACE OF BIRTH (CITY, STATE, COUNTRY)** \_\_\_\_\_

**\* ALIEN OR CITIZENSHIP # (IF APPLICABLE)** \_\_\_\_\_

**\* EMPLOYMENT AUTHORIZATION CARD #(IF APPLICABLE) W/ EXPIRATION DATE**

**\* SEX** (CIRCLE) M F **Drivers License # and State** : \_\_\_\_\_

**LIST THE STATES THE APPLICANT HAS RESIDED IN DURING THE PAST THREE (3) YEARS.**

\_\_\_\_\_  
\_\_\_\_\_

This Section to be completed by the Project Manager:  
**Provide Project Description/Scope of Work as attachment -**

**\* NAME OF VENDOR:** \_\_\_\_\_

**\* TYPE OF SERVICE** \_\_\_\_\_

**\* PROJECT NAME, NUMBER, ADDRESS, CITY, STATE**

Golden State Annex  
Tel: 661-792-2731  
611 Frontage Road  
McFarland, CA 93250

**RE-CHECK (Circle):** YES NO **DATE OF LAST CHECK:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\* PROJECT MANAGER:** \_\_\_\_\_ **PHONE #:** 661-792-2731

**\* FIELD SECURITY MANAGER:** \_\_\_\_\_ **PHONE #:** 661-792-2731

(THIS PORTION TO BE COMPLETED BY SECURITY DIVISION PSU)

DATE \_\_\_\_\_

ACCESS (CIRCLE) GRANTED DENIED REJECTED INITIALS \_\_\_\_\_  
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**ACCESS APPROVALS ARE VOID 120 DAYS AFTER THE DATE GRANTED**