

Temporary Contractor Security Clearance Template

Instructions: Please fill out all fields below. This form must be printed, signed by the authorizing sponsor, and presented to Security Operations upon arrival.

Contractor Information

Full Name:

Employer / Company Name:

Contact Phone Number:

Government Issued ID / Passport Number:

Sponsor & Host Information

Sponsor Name:

Department:

Sponsor Contact Number:

Access Requirements

Requested Access Areas / Zones:

Access Start Date (YYYY-MM-DD):

Access End Date (YYYY-MM-DD):

Reason for Access:

Security Policy Agreement

By signing below, the contractor agrees to abide by all organizational security policies, wear the temporary badge visibly at all times, and remain within authorized areas only.

Contractor Signature:

Date Signed:

Authorization & Approval (Internal Use Only)

Authorized By (Print Name):

Title:

Sponsor Signature:

Date Authorized:

Temporary Badge Number Issued: