

ATTACHMENT "A"
NEW PERSONNEL NOTIFICATION FORM
DDSP SECURITY INFORMATION

DATE SUBMITTED: _____ **ARRIVAL DATE:** _____

CONTRACT NUMBER: _____

CONSTRUCTION PROJECT DESCRIPTION: _____

NAME OF PRIME CONTRACTOR: _____

PRIME CONTRACTOR POC: _____

POC TELEPHONE NUMBER: _____

EMPLOYER COMPANY NAME: _____

EMPLOYEE NAME: _____

ETA AT POST 3: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

EMPLOYER COMPANY NAME: _____

EMPLOYEE NAME: _____

ETA AT POST 3: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

EMPLOYER COMPANY NAME: _____

EMPLOYEE NAME: _____

ETA AT POST 3: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

| | | |
|----------------------|----------------------|--------------------------|
| DISTRIBUTION: | SECURITY DESK | FAX: 717-770-5480 |
| | PASS AND ID | FAX: 717-770-8146 |
| | COR | FAX: 717-770-2910 |

**ATTACHMENT "C" (LONG FORM)
 (*MORE THAN 90 DAY STAY*)
 DDSP SECURITY INFORMATION**

| | |
|---|--|
| Social Security Number: | PASS AND ID Use Only: Date Issued: ID Number: |
| Last Name: | |
| First Name: | |
| Middle Initial: | |
| Prime Contractor: | |
| Sub-Contractor: | |
| Destination: | |
| Point of Contact: | |
| POC Phone Number: | |
| Emergency Remarks (Health Problems, Medications, etc): | |
| Address: | |
| City | |
| State: | Zip Code: |
| Home Phone Number: | |
| Birth Date (DD/MM/YYYY): | |
| Birth Place (City, State, Country): | |
| Emergency Contact Name: | |
| Emergency Contact Phone Number: | |
| Sex: Male () Female () | |
| Height in Inches: () inches | |
| Weight in Pounds: () pounds | |
| Eye Color: | |
| Hair Color: | |
| Length of Stay: | |
| Number of Days: | |
| Number of Months: | |
| Number of Years: | |

| |
|-------------------------------|
| Name: |
| Driver License Number: |
| State License: |

| | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
|----------------------|-----------|-----------|-----------|-----------|
| Make: | | | | |
| Model: | | | | |
| Year: | | | | |
| Style: | | | | |
| Color: | | | | |
| Plate Number: | | | | |
| Plate State: | | | | |
| Decal: | | | | |
| Date Issued: | | | | |

ATTACHMENT "D"
BADGE RENEWAL FORM
DDSP SECURITY INFORMATION

CONSTRUCTION CONTRACT PROJECT: _____

PRIME CONTRACTOR: _____

SOCIAL SECURITY NUMBER: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

PRIME CONTRACTOR: _____

SUBCONTRACTOR: _____

PROJECT NAME/DESTINATION: _____

LENGTH OF TIME RENEWAL REQUESTED FOR: _____

OFFICE PHONE AT DDSP: _____

EMERGENCY REMARKS (Medication, Health Problems, etc.): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

HOME PHONE NUMBER: _____

BIRTH DATE (DD/MM/YY): _____

BIRTH PLACE (City, State, Country): _____

EMERGENCY POINT OF CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

SEX: **MALE** _____ **FEMALE** _____

HEIGHT IN INCHES: _____

WEIGHT IN POUNDS: _____

EYE COLOR: _____

HAIR COLOR: _____

ATTACHMENT "E"
CONTRACTOR DELIVERY NOTIFICATION FORM
DDSP SECURITY INFORMATION

DATE SUBMITTED: _____ **ARRIVAL DATE:** _____

CONTRACT NUMBER: _____

CONSTRUCTION PROJECT DESCRIPTION: _____

NAME OF PRIME CONTRACTOR: _____

PRIME CONTRACTOR POC: _____

POC TELEPHONE NUMBER: _____

SHIPPER NAME: _____

DRIVER NAME: _____

ETA AT POST 4: _____

DESCRIPTION OF DELIVERY: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

SHIPPER NAME: _____

DRIVER NAME: _____

ETA AT POST 4: _____

DESCRIPTION OF DELIVERY: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

SHIPPER NAME: _____

DRIVER NAME: _____

ETA AT POST 4: _____

DESCRIPTION OF DELIVERY: _____

ESCORT NAME: _____

ESCORT PHONE NUMBER: _____

DISTRIBUTION:

SECURITY DESK
COR

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FAX: 717-770-2910