

## FACILITY CLEARANCE REQUEST

### REQUIREMENTS:

- Must be 21 years or older.
- A copy of your driver's license or state issued identification card must be submitted with this request.

DATE OF REQUEST: \_\_\_\_\_

### PLEASE ENTER YOUR FULL LEGAL NAME

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

AKA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ID / DRIVER'S LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIME? YES: ☐ NO: ☐ IF YES, PLEASE DESCRIBE BELOW.

INCLUDE COUNTY/STATE, ALL CASE(S), CHARGE(S) OR CONVICTION(S) THAT HAVE BEEN DISMISSED AND/OR SEALED.

EMPLOYING/REFERRING AGENCY: \_\_\_\_\_

AGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACTIVITY/ SERVICE: \_\_\_\_\_

FACILITY: \_\_\_\_\_ UNIT: \_\_\_\_\_

ONGOING CLEARANCE: ☐ 1X VISIT: ☐ DATE OF VISIT: \_\_\_\_\_

I hereby certify that the above information is true and correct. I acknowledge that this Facility Clearance Form is the property of the Orange County Probation Department. As a condition of my request to enter the Orange County Probation facility, I hereby authorize Orange County Probation Department to perform a criminal history background check.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In the event circumstances require denial, reason for the denial will not be disclosed to the Contractor or the individual.

### OC PROBATION USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE REVIEWED (6 MONTHS): \_\_\_\_\_  
\_\_\_\_\_