

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: _____

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):

