

The City of New York
Department of Correction



Special Operations Division
Rikers Island Security Unit

Form SOD/RISU2

CLEARANCE REQUEST AND AUTHORIZATION FORM

Effective 3/16/98

SECTION #1 - Instructions

Complete all of the required information in Sections #2, #3 and #4. Submission of a clearance request does not necessitate approval. The command receives Notification of denials via fax and/or in writing. Confirmation of approvals shall be telephonically effected as follows:

Wardens/Commanding Officers or Deputy Wardens shall initiate facility clearance requests. All other commands (bureaus, divisions or units) – Senior Staff Members or Commanding Officers or Executive Officers, only. It is the responsibility of each facility/command to ensure that visitors are advised of the security/safety issues of the Riker's Is. Correctional Complex (e.g., speed limit, securing vehicles, display of ID/pass, unauthorized items)

| Category | Clearance Location | Telephone # |
|-----------------------|-------------------------------|----------------|
| Vehicle Access/Pass | Construction Control Trailer | (718) 546-1578 |
| Public Transportation | Rikers Is. Main Control Bldg. | (718) 546-1565 |
| Problems/Information | Rikers Is. Clearance Office | (718) 546-1539 |

SECTION #2 – Command Requests / Escort Information

| | | | | | |
|---|--|-------------|--------------|----------|-------------------------------|
| Date Requested: | Requested By (Print Last and First Name) | Rank/Title: | Shield/ID# | Command | Telephone #: () - - - - - |
| Uniform Escort Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | Escort Officer (Print Last and First Name) | Rank: | Shield #: | Command: | Telephone #: () - - - - - |
| Command Authorization <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Sr. Staff/Comm. Off./Dep. Warden/Exec. Off.: | Rank/Title: | Shield/ID #: | Command: | Telephone #: () - - - - - |

SECTION #3 – Clearance / Visit Information - COMPANY NAME:

PIN 072201409NSD

| Date of Visit: | Visitors' Full Name | Title | Visitors' Full Name | Title | Visitors' Full Name | Title |
|----------------------------|---------------------|-------|---------------------|-------|---------------------|-------|
| 08/21/2014 | 1. | | 6. | | 11. | |
| Estimated Time of Arrival: | 2. | | 7. | | 12. | |
| | 3. | | 8. | | 13. | |
| Agency / DOC Affiliation | 4. | | 9. | | 14. | |
| | 5. | | 10. | | 15. | |

Destinations (Check All That Apply):

- | | | | | | |
|-----------------------------------|------------------------------------|---|---|--|--|
| <input type="checkbox"/> ARDC | <input type="checkbox"/> JATC | <input type="checkbox"/> Assets Management/Environmental Health | <input type="checkbox"/> Correction Industries Div./Support Services Unit | <input type="checkbox"/> Riker's Is Main Control Bldg | <input type="checkbox"/> Riker's Is Visitor Control Bldg |
| <input type="checkbox"/> AMKC | <input type="checkbox"/> NIC | <input type="checkbox"/> Bureau Chiefs' Trailer | <input type="checkbox"/> DGS (Dept. of General Svcs.) Trailer | <input type="checkbox"/> Transportation Div. | |
| <input type="checkbox"/> CIFM/HHP | <input type="checkbox"/> OBCC/CPSU | <input type="checkbox"/> Chapel | <input type="checkbox"/> Dockhouse/Ferryboats (OBCC Annex) | <input type="checkbox"/> Shore Rd. Trailer (Specify Area/Unit) | |
| <input type="checkbox"/> GMDC | <input type="checkbox"/> RMSC/STEP | <input type="checkbox"/> Chief of Department's Field Office | <input type="checkbox"/> Firehouse/K-9 Unit | <input type="checkbox"/> Special Operations Div. (Specify Area/Unit) | |
| <input type="checkbox"/> GRVC | <input type="checkbox"/> WF/CDU | <input type="checkbox"/> Construction Management Unit | <input type="checkbox"/> Powerhouse | <input type="checkbox"/> Other (Specify Location): | |

| | | | | | | | |
|------------------|---------------------------------------|-----------------------------------|---------------------------------|--|---------------------|---|--|
| Reason For Visit | <input type="checkbox"/> Construction | <input type="checkbox"/> Delivery | <input type="checkbox"/> Repair | <input type="checkbox"/> Volunteer Work | Type of Access/Pass | <input type="checkbox"/> Gate #1 Restricted | <input type="checkbox"/> East/West Parking Field |
| | <input type="checkbox"/> Clergy | <input type="checkbox"/> Meeting | <input type="checkbox"/> Survey | <input type="checkbox"/> Other (Specify) _____ | | <input type="checkbox"/> Gate #2 Restricted | <input type="checkbox"/> Gate #1 Unrestricted |
| | | | | | | | <input type="checkbox"/> Other (Specify) _____ |

SECTION #4 – Vehicle Information--

Check Here if None *In the event the number of vehicles exceeds four (4), attach additional vehicle information on a 600ar.*

| Vehicle | Year | Make | Model | Color | License Plate | State | Vehicle Type | | | | |
|---------|------|------|-------|-------|---------------|-------|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|
| #1 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| #2 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| #3 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |
| #4 | | | | | | | <input type="checkbox"/> Car | <input type="checkbox"/> Van | <input type="checkbox"/> Bus | <input type="checkbox"/> Truck | <input type="checkbox"/> Other |

SECTION #5 – FOR SOD USE ONLY:

| | | | | |
|--|-----------------------------------|---|--|--|
| Date Received: / / | Reviewed By (Clearance Officer) | Rank: | Shield #: | <i>SOD Time Stamp</i> |
| Time Received: : hr. | Approved By (SOD/RISU Supervisor) | Rank: | Shield #: | |
| Final Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Type of Access/Pass: | <input type="checkbox"/> Gate #1 Restricted | <input type="checkbox"/> East/West Parking Field | |
| | | <input type="checkbox"/> Gate #2 Restricted | <input type="checkbox"/> Gate #1 Unrestricted | <input type="checkbox"/> Other (Specify) _____ |

Remarks: