



# TEMPORARY CLEARANCE APPLICATION

## APPLICANT INFORMATION

LAST NAME:	FIRST:	MIDDLE:
GENDER: <b>MALE</b> <b>FEMALE</b>	DATE OF BIRTH:	SSN:
ADDRESS (CURRENT):		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL:	EMAIL:
DL NUMBER:	STATE:	EXP DATE:
RACE:		

## ARREST HISTORY (IF ANY)

HAVE YOU EVER BEEN ARRESTED OR DETAINED:	<b>YES</b>	<b>NO</b>	
1	DATE:	REASON:	AGENCY:
2	DATE:	REASON:	AGENCY:
3	DATE:	REASON:	AGENCY:
4	DATE:	REASON:	AGENCY:
5	DATE:	REASON:	AGENCY:

## INMATE INFORMATION (IF APPLICABLE)

INMATE NAME:	DOB:	RELATIONSHIP:
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## VISIT INFORMATION

ORGANIZATION AFFILIATION (IF ANY):	
REASON FOR CLEARANCE:	
DATE OF VISIT(S):	FACILITY FOR CLEARANCE: <b>MDF</b> <b>WCDF</b> <b>MCDF</b>

SIGNATURE OF APPLICANT	DATE:
FACILITY COMMANDER: (OR DESIGNEE)	<b>APPROVED</b> <b>DENIED</b>