

# CONTRACTOR / SUBCONTRACTOR FORM

**TO BE COMPLETED BY THE CONTRACTOR/SUBCONTRACTOR AND GIVEN TO THE PROJECT MANAGER TO SUBMIT TO ACCESS SECTION.**

<b>PROJECT NUMBER OR PURCHASE ORDER NUMBER:</b>		<b>CRITICAL</b>	<b>CJIS</b>			
<b>PROJECT NAME OR PURCHASE ORDER REFERENCE:</b>						
<b>COUNTY PROJECT MANAGER:</b>						
<b>CONTRACTING OR SUBCONTRACTING COMPANY:</b>						
	EMPLOYEE NAME	NEW / RENEW	ACCESS SECTION USE ONLY			
			APPT DATE	✓	CRITICAL	CJIS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**INITIAL TO SHOW YOU HAVE EXPLAINED THE COUNTY REQUIREMENTS FOR THE CRIMINAL HISTORY RECORDS CHECK (CHRC) AS WELL AS EXPLAINED TO EACH INDIVIDUAL LISTED ON THIS FORM THE FACILITY TYPE (Critical or CJI Facility) AND BADGE TYPE (unescorted or escorted access) FOR WHICH THEY ARE APPLYING FOR.**

INITIAL OF APPLICANT  
(Contractor/Subcontractor): \_\_\_\_\_ DATE: \_\_\_\_\_

PROJECT MANAGER  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES:  
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