Revised February 2012, version 21 United States Capitol Police Security Services Bureau Physical Security Division System Operations Section



Security Access Control Form

Purpose of this Form

The United States Capitol Police (USCP) is in charge of granting access to Secure Areas throughout the Capitol Complex. Only person(s) designated as Security Managers may determine who is authorized to have their specific access clearances assigned to them. USCP uses this form to process the request.

Part 3 asks for the access clearances the
person is authorized to have. Please use only
the clearance name, not specific door numbers.
If a clearance does not exist for an area, the
Security Manager must contact the Security
Services Bureau to create one.

Organization of this Form

This form has three parts:

- Part 1 asks for the Proximity Card number of the
 person requiring access, last name, first name, middle
 initial, the employing office or company, the
 employee's supervisor, and the supervisor's phone
 number. Note: If the person is updating an existing
 card please provide the old proximity card number.
- Part 2 asks if the individual is a full-time
 Congressional Staff member, Vendor, or Other (for example, parents day-care access). Service requested options include: a new Proximity Card, update an existing record, and deactivate a existing card.

Adobe 7.0.5 or later is required to use the automated features of this form.

Instructions for Completing this Form

Follow the instructions given to you. The Security Manager must print and date the form. In lieu of a signature, we will substitute the Security Managers e-mail request.

Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). We prefer you submit your form in the electronic format.

All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A")

Once completed, please push any of the "Submit Form" buttons below. It will submit the entire form. This will open up your e-mail program. In the subject line please type "

Access Request Form: "you office name "For example

"Access Request Form: "you office name " For example "Access Request form: House Judiciary Committee "

If you have any difficulty completing this form, please contact System Operations Section at 202-593-4332

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Part 1								
PROXIN	IITY CARD	Comple LAST N		n E using instructio FIRST NAME	ons provided MIDDLE INITIA	AL OLD PROXIMITY CARD		
EMPLOYING OFFICE/COMPANY				SUPERVISOR NAME		SUPERVISOR PHONE		
Part 2								
		Please ched	ck the appropriat	e box using instru	ctions provided			
PERSONNEL TYPE				SERVICE REQUESTED				
Part 3								
				g according to ins LEARANCES BE				
CLEARANCE		CLEARANCE	CLEA		EARANCE			
NOTES								
OFFICE/AG	ENCY NAME							
SECURITY MANAGER PRINTED NAME					CONTACT NUMBER			
SECURITY	MANAGER SIGN	IATURE			DATE			

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ADDITIONAL PERSONNEL

PROXIMITY CARD	LAST NAME	FIRST NAME	MIDDLE INITIAL	OLD PROXIMITY CARD	
EMPLOYING OFFIC	EE/COMPANY	SUPERVISOR NAME	SU	PERVISOR PHONE	
PERSONNEL TYPE		SERVICE REQU	JESTED		
LEARANCE	CLEARANCE	CLEARANCE			
PROXIMITY CARD	LAST NAME	FIRST NAME	MIDDLE INITIAL	OLD PROXIMITY CARD	
EMPLOYING OFFIC	DE/COMPANY	SUPERVISOR NAME	SU	PERVISOR PHONE	
PERSONNEL TYPE		SERVICE REQUESTED			
LEARANCE		CLEARANCE			
PROXIMITY CARD	LAST NAME	FIRST NAME	MIDDLE INITIAL	OLD PROXIMITY CARE	
EMPLOYING OFFI	ICE/COMPANY	SUPERVISOR NAME	E S	UPERVISOR PHONE	
PERSONNEL TYPE		SERVICE REQUESTED			
LEARANCE		CLEARANCE			