

**MULE CREEK STATE PRISON
GATE CLEARANCE REQUEST**

Date of Request: _____

The following individual(s) request to enter the institution:

NAME: (List each individual)

REPRESENTING: (Name of agency or company)

1. _____

2. _____

3. _____

4. _____

5. _____

The above individual(s) will arrive at the facility on (date) _____ am pm

for the purpose of Tour CALPIA Factories

and will be visiting CALPIA Factories

in: CALPIA "A" "B" and "C" yard at extension 5924
(department or facility location)

Materials / Equipment being brought into the facility: _____

Special instructions: **SIGN IN AT FRONT ENTRANCE AND WAIT FOR ESCORT.
DO NOT WEAR BLUE SHIRTS OR BLUE PANTS. NO BLUE JEANS ALLOWED.
DO NOT BRING WEAPONS, ALCOHOL, OR TOBACCO PRODUCTS ON GROUNDS.
DO NOT BRING ELECTRONIC DEVICES (CELL PHONES) INTO THE INSTITUTION.**

Tami Cagle _____

Signature Of Person Requesting Clearance

_____ Date

Division Head Signature

Date

(For Office Use Only)

Approved

Disapproved

Reason:

PIO/AA SIGNATURE

Date of CLETS

Distribution: Employee Sponsor Main Entrance Central Control Watch Commander

REQUEST FOR GATE CLEARANCE

In accordance with Operational Procedure 55, all individuals except California Department of Corrections and Rehabilitation employees, Government Law Enforcement Agents, Military Personnel, Elected Government Officials and other dignitaries will require a security clearance.

Please provide the following information for each individual to Visiting Processing at least three (3) working days prior to the expected visit:

Last Name	First Name	MI	<input type="checkbox"/> Female	<input type="checkbox"/> Male (check one)	Date of Birth:
Social Security Number			California or Out-of-State (specify) Driver's License Number		

Last Name	First Name	MI	<input type="checkbox"/> Female	<input type="checkbox"/> Male (check one)	Date of Birth:
Social Security Number			California or Out-of-State (specify) Driver's License Number		

Last Name	First Name	MI	<input type="checkbox"/> Female	<input type="checkbox"/> Male (check one)	Date of Birth:
Social Security Number			California or Out-of-State (specify) Driver's License Number		

Last Name	First Name	MI	<input type="checkbox"/> Female	<input type="checkbox"/> Male (check one)	Date of Birth:
Social Security Number			California or Out-of-State (specify) Driver's License Number		

Last Name	First Name	MI	<input type="checkbox"/> Female	<input type="checkbox"/> Male (check one)	Date of Birth:
Social Security Number			California or Out-of-State (specify) Driver's License Number		

Please inform your visitor(s) of the following Department of Corrections and Rehabilitation security regulations and privacy act information:

PRIVACY STATEMENT:

- **AGENCY RESPONSIBLE FOR MAINTENANCE:** California Department of Corrections and Rehabilitation, Institutions Division, P.O. Box 942883, Sacramento, Ca. 94283.
- **AUTHORITY:** Department of Operations Manual Section 34020 establishes the methods and procedures to administer the inmate visiting program.
- **PURPOSE:** The information you furnish will be used in a manner consistent with the need to maintain order, safety, security and required prison activities.
- **ACCESS:** Your completed pass becomes confidential information and the property of this department. It is kept and destroyed after a designated amount of time.

SECURITY REGULATIONS:

- Visitors cannot wear denim clothing in any shade of black, grey, blue or brown; blue chambray shirts are also not allowed.
- It is unlawful to bring alcohol, drugs, weapons, explosives, tear gas or tear gas weapons onto prison property.
- By entering the prison grounds, one consents to the search of their person, property and vehicle.
- Service personnel are required to bring a complete written inventory of all tools brought into the institution. This inventory will be checked upon their arrival and departure.