DIVISION OF INSTITUTIONAL OPERATIONS

CENTRAL UTAH CORRECTIONAL FACILITY
ACCESS APPLICATION

_____ _____ _____
LAST NAME FIRST NAME MIDDLE INITIAL SIGNATURE DATE

The above NAME and SIGNATURE identifies you as the applicant and attests that the following information is correct. This information will be used by CUCF personnel to verify your identify. CUCF secure perimeter access is conditional and revocable at any time.

IDENTIFICATION CARD

I.D. TYPE: _____ ID # _____
(DRIVERS LICENSE, MILITARY, ETC.)

VALID FROM _____ TO _____ SSN # _____
(DATE) (DATE)

PHYSICAL DESCRIPTION

GENDER: _____ RACE: _____ COMPLEXTION: _____
(MALE/FEMALE) (CAUCASION, HISPANIC, OTHER, ETC.) (FAIR, MEDIUM, DARK, ETC.)

HEIGHT: _____ WEIGHT: _____ BUILD: _____

HAIR: _____ _____ _____
(COLOR) (STYLE: STRAIGHT, WAVY, ETC.) (LENGTH: SHORT, LONG, ETC.)

EYES: _____ _____
(COLOR) (WEAR: GLASSES, CONTACTS, ETC.)

FACIAL HAIR: _____ DATE OF BIRTH: _____ RIGHT/LEFT HANDED: _____

GENERAL INFORMATION

PURPOSE OF ENTRY (WHAT ARE YOU VOLUNTEERING/CONTRACTING FOR?) _____

ACCESS REQUESTED (WHERE ASSIGNMENT WILL BE) _____

HOME ADDRESS: _____ PHONE # _____
(STREET/PO BOX/CITY/STATE/ZIP CODE) (HOME PHONE)

OCCUPATION/COMPANY NAME: _____
(STREET/CITY/STATE/ZIP CODE)

COMPANY ADDRESS: _____ PHONE #: _____
(STREET/CITY/STATE/ZIP CODE)

1. Do you KNOW or are you RELATED to an INMATE? Circle One: Yes No
   If YES, give the name, location, relationship and circumstances concerning the inmate(s): _____
2. Have you ever been convicted of any traffic violations? Circle One: Yes No
3. Have you ever been convicted of any crime other than traffic violations? Circle One: Yes No
4. Are your currently, or have you ever been, on an inmate's visiting list? Circle One: Yes No

If you answered YES to any of the above questions, use the back of this FORM for explanations.

STOP: DO NOT WRITE BELOW THIS LINE

DATA TERMINAL OPERATOR

BCI COMPLETED: _____ BY: _____ SIGNATURE: _____

ACCESS IS REQUESTED FOR THE FOLLOWING AREAS: _____

_____ FROM: _____ TO: _____
(DATE) (DATE)

_____ _____ _____
(DTO PRINTED NAME) (DTO SIGNATURE AND TITLE) (DATE)

ACCESS AUTHORIZATION SIGNATURE
WARDEN/CORRECTIONS ADMINISTRATOR/OIC/DUTY CAPTAIN

_____ _____ _____
(PRINT NAME) (SIGNATURE & TITLE) (DATE)