ATTACHMENT "A"
NEW PERSONNEL NOTIFICATION FORM
DDSP SECURITY INFORMATION

DATE SUBMITTED:_____ ARRIVAL DATE:_____

CONTRACT NUMBER:_____

CONSTRUCTION PROJECT DESCRIPTION:_____

_____

NAME OF PRIME CONTRACTOR:_____

PRIME CONTRACTOR POC:_____

POC TELEPHONE NUMBER:_____

EMPLOYER COMPANY NAME:_____

EMPLOYEE NAME:_____

ETA AT POST 3:_____

ESCORT NAME:_____

ESCORT PHONE NUMBER:_____

EMPLOYER COMPANY NAME:_____

EMPLOYEE NAME:_____

ETA AT POST 3:_____

ESCORT NAME:_____

ESCORT PHONE NUMBER:_____

EMPLOYER COMPANY NAME:_____

EMPLOYEE NAME:_____

ETA AT POST 3:_____

ESCORT NAME:_____

ESCORT PHONE NUMBER:_____

DISTRIBUTION:	SECURITY DESK	FAX: 717-770-5480
	PASS AND ID	FAX: 717-770-8146
	COR	FAX: 717-770-2910