

PERMANENT COMPANY ACCESS TEMPLATE

Please print and use only blue or black ink.

To be completed by the **Authorized Signatory**

Last Name (print)	<div style="border: 1px solid red; padding: 5px;"> <p>This form is required when requesting permanent access changes for an entire company. The application should be filled out as a PDF or, if hand-written, in blue or black ink only. Each red section of the application must be completed unless otherwise stated. Illegible and/or incomplete requests will not be accepted. The Company Access Template must be completed and signed by an Authorized Signatory and Master Tenant Authorized Signatory, if applicable.</p> </div>
Badge Number	
Employer Name	
<input type="checkbox"/> SIDA <input type="checkbox"/> AOA <input type="checkbox"/> Sterile	

Access Level

To be completed by the **Authorized Signatory**

Request Type				
<input type="checkbox"/> New Template <input type="checkbox"/> Add Access <input type="checkbox"/> Remove Access				
Template Name (Title)	<div style="border: 1px solid red; padding: 5px;"> <p>If your company requires multiple access levels, contact the Badging & Access Control Office for instructions.</p> </div>			
Requested Access Points (List the Access the Point Name. Access point names can be found on the top of card readers)				
1.	<div style="border: 1px solid red; padding: 5px;"> <p>All access points have a door label affixed to the top of the access control reader. If there is not a door name or number placard, the access point may not be managed by LGB. Contact the Badging & Access Control Office if you are uncertain.</p> </div>			
2.				
3.				
4.				
5.				
6.				
7.				
	11.	18.	25.	32.
	12.	19.	26.	33.
	13.	20.	27.	34.
	14.	21.	28.	35.
Reason for Access Request				
<div style="border: 1px solid red; padding: 5px;"> <p>The Signatory must provide a detailed explanation of why the access request is justified.</p> </div>				

SIGNATORY AUTHORIZATION

To be completed by the **Authorized Signatory**.

Signature	Date



MASTER TENANT SIGNATORY AUTHORIZATION

To be completed by the **Master Tenant** only if requesting company is subleasing space. Otherwise, this section can be left blank. See Annotated Guideline or FAQ for details.

Last Name (print)	First Name (print)	Company
	<div style="border: 1px solid red; padding: 5px;"> <p>If the requesting company is a subtenant, they must obtain the signature of the Master Tenant's Authorized Signatory. If the requesting company is a Master Tenant, this section can be left blank.</p> </div>	
Badge Number		



LGB USE ONLY

To be completed by the **Badging & Access Control Office**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Name:	<div style="border: 1px solid red; padding: 5px;"> <p>A completed form must be submitted to LGBAccessControlRequest@longbeach.go</p> </div>
-----------------------------------	---------------------------------	-------	---