



**U.S. Department of Transportation  
Office of the Secretary of Transportation  
Security Operations**

**REQUEST TO PASS SECURITY CLEARANCE**

**Requesting Office Information**

Security Coordinator Name:

DOT Agency:

Phone Number:

Date:

Time:

**Please complete the information below in its entirety and fax to 202-366-7013. Please provide a minimum notice of 48 hours to allow for processing.**

**Individual's Information**

Name:

Phone No.

Office Symbol:

DOB:

POB:

**Clearance level required  
for event or visit  
(check one)  
(or click on the box if filling out electronically)**

**Confidential**   
**Secret**   
**Top Secret**

**Top Secret SCI**

**Location of event or visit:**

**Date/Time of event or visit:**

**Reason for attendance or visit:**

**Duration of attendance or visit:**

**Event POC and Phone:**

**Security POC and Phone (if available):**

**Security Office Fax # (if available):**

**To be completed by the employee's supervisor:**

This is to certify that this employee is authorized to attend the event or visit the agency described above and should have his/her clearance passed.

**Supervisor's Name and Title:**

**Phone #:**

**Date:**

DOT 1705.1