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| **Contractor Clearance Form** | | | | | | | | | | | | | | | | | |
| **Project Location**  **(Building Name)** | |  | | | | | | | | Contract Number | | |  | | | | |
| Date(s) of work | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| **General Contractor** | |  | | | | | |  | | | | | |  | | | |
| Name | | | | | | Phone Number | | | | | | Fax Number | | | |
|  | | | | | | | | | | | | | | | | | |
| **Sub- Contractor/**  **Employee’s Company** | |  | | | | | |  | | | | | |  | | | |
| Name | | | | | | Phone Number | | | | | | Fax Number | | | |
|  | | | | | | | | | | | | | | | | | |
| **Employee Information** | | Name | |  | | | |  | | | | | | | |  | |
| Last | | | | First | | | | | | | | Middle | |
| Identifiers | |  | | | | | | |  | | | | | | |
| Social Security Number | | | | | | | Date of Birth (MM/DD/YYYY) | | | | | | |
| Physical Descriptors | |  | |  | |  | |  | |  | | | | |  |
| Race | | Sex | | Height | | Weight | | Eye Color | | | | | Hair Color |
| Driver’s License | |  | | | | | |  | | | | | | | |
| License Number | | | | | | Issuing State | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **GSA Information** | |  | | | | | |  | | | | | |  | | | |
| Requester’s Name | | | | | | Phone Number | | | | | | Date | | | |
| *All items above this line must be completed* | | | | | | | | | | | | | | | | | | |
| **USMS Use Only** | | | | | | | | | | | | | | | | | |
| **NCIC/NLETS Record Inquiry** | | Misdemeanor Yes □ No □ | | | | | NCIC Operator Badge # | | | | |  | | | | | |
| Felony Yes □ No □ | | | | | NCIC Operator Badge # | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Check One (below) | | | | Signature (appropriate line below) | | | | | | | | Date | | | | | |
| □ CLEARED | | | |  | | | | | | | |  | | | | | | |
| □ **NOT** Cleared | | | |  | | | | | | | |  | | | | | | |
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| **GSA Use Only** | | | | | | | | | | | | | | | | | |
| Approved? □ | | | Disapproved? □ | |  | | | | | | | | | |  | | |
| Signature | | | | | | | | | | Date | | |
| Picture ID Issued? Yes □ No □ | | | | | Identification Number | | | |  | | | | | | | | | |

**GUIDELINES FOR COMPLETING CONTRACTOR CLEARANCE FORMS**

To ensure that the contractor clearance form (USM-314) you are submitting is processed accurately and promptly, please adhere to the following guidelines. Failure to submit this form according to these guidelines will cause your form to be rejected, delayed, and returned to you for corrections.

* The form has to be submitted with all of the information for each block. We need the full name. No middle initials, and no abbreviations. For example:

If a person’s name is Joseph Robert Smith, you would put Joseph Robert Smith. You would not put Joe R. Smith.

* All the identifiers and physical descriptions have to be included as well. For example: Social security number, date of birth, race, sex, height, weight, eye color, and hair color.
* Complete the Project Location (Building Name), General Contractor, and Sub- Contractor/Employee’s Company.
* The information on this form has to be **legible.** If our DCI operator cannot read the information on the form, it leaves him guessing on what the correct information is. We will not guess or takes chances on court security.
* These forms have to be submitted in a timely manner so that we can process them and get them approved by the United States Marshal’s Service. Submitting them at the last minute is not acceptable. You have to give us advanced notice.
* These forms are only good for one year. After that a new form has to be submitted and processed again. Please be aware of this if you are using someone on a regular basis throughout the year.