



VISITOR/CONTRACTOR CLEARANCE REQUEST

Please complete all fields and submit this form to: Security@gatelesis.com

1. Please process the following visitor:

Name & Address of Organization

Full Name: _____

Telephone: _____

Email: _____

Date of Birth: _____

2. GA Telesis facility to be visited and Point of Contact (POC):

GA Telesis, LLC

POC: _____

GA Telesis Composite Repair Group, LLC

POC Tel.: _____

GA Telesis Component Repair Group Southeast, LLC

POC Email: _____

3. Is the visitor a U.S. Person (U.S. Citizen or U.S. Permanent Resident)? Please select one (if not a U.S. person, please specify citizenship and residency below).

YES

NO Citizenship and Residency: _____

Please have a form of ID available for the receptionist at your arrival.

4. Date of visit: _____

5. Duration of visit: From: _____ a.m./ p.m. To: _____ a.m./ p.m.

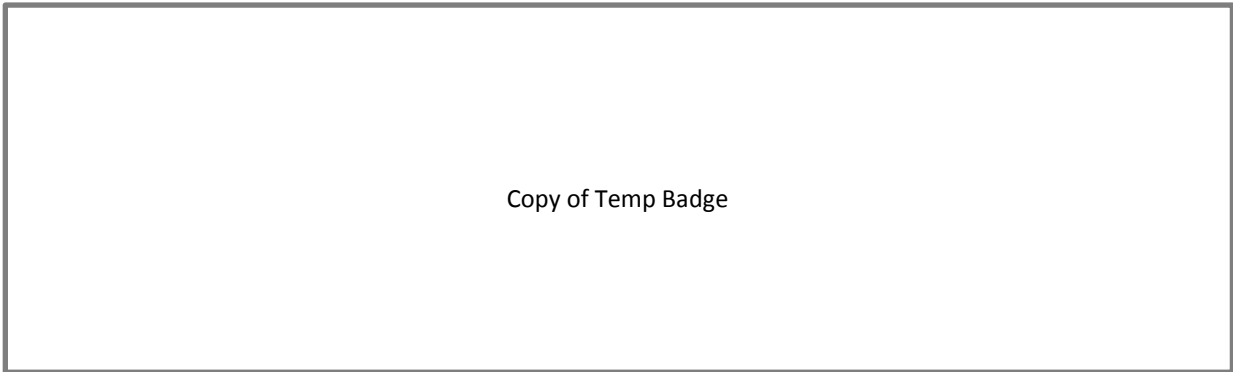
6. Specific purpose of visit: _____

7. Prepared by: _____

Name

Extension (if
GAT Employee)

Date



Copy of Temp Badge