



Department of Agriculture, Food, and Forestry

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www.ag.ok.gov

Building Access Form

Personal Information (Confidential)	
First Name:	Last Name:
Agency Name:	Job Title:
Building Access (To be completed by Supervisor)	
Supervisor Name:	
Supervisor Work Phone:	After Hours Phone:
Supervisor Signature:	Date Completed:
<p><u>Please indicate clearance:</u></p> <p><input type="checkbox"/> 6AM-6PM, M-F <input type="checkbox"/> 24/7 Dept of AG Entrance Doors</p> <p><input type="checkbox"/> Additional Access (Specify): _____</p> <p><u>Laboratory Employees Only:</u></p> <p><input type="checkbox"/> 6AM-6PM, M-F <input type="checkbox"/> 24/7 Dept of AG Lab Entrance Doors</p> <p><input type="checkbox"/> Dept of AG Lab – BSL3 Lab – RM L217 6AM – 10PM, M-S</p> <p><input type="checkbox"/> Dept of AG – Bureau of Standards – 24/7</p> <p><input type="checkbox"/> Dept of AG General Access Interior Doors 24/7</p>	

Law Enforcement Employees Only
Armed (Weapon and Serial Number):
Concealed Carry License Number:

(Title 21 Statue 1277: It is unlawful to carry a weapon in State Office Buildings unless you are a CLEET Certified Officer)