



**SANTA ANA**  
**COLLEGE**



**RANCHO SANTIAGO**  
Community College District



**Santiago**  
**Canyon**  
**College**

**RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT**  
**TEST PILOT: VENDOR ACCESS CREDENTIAL AUTHORIZATION FORM**

**Vendor's Information**

PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Last Name, First Name*

TITLE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Additionally Authorized Vendor Personnel for Access Credential(s) *(as required)*

PRINT: \_\_\_\_\_ PRINT: \_\_\_\_\_  
*Last Name, First Name* *Last Name, First Name*

PRINT: \_\_\_\_\_ PRINT: \_\_\_\_\_  
*Last Name, First Name* *Last Name, First Name*

PRINT: \_\_\_\_\_ PRINT: \_\_\_\_\_  
*Last Name, First Name* *Last Name, First Name*

REASON FOR REQUEST: \_\_\_\_\_  
*Please specify*

**Areas Requiring Access**

SITE	DESCRIPTION (Bldg/Room#/Room Type)	SECURITY OFFICE USE ONLY			SITE	DESCRIPTION (Bldg/Room#/Room Type)	SECURITY OFFICE USE ONLY		
		Key Number	Key Code	Access Level			Key Number	Key Code	Access Level

*I understand that by signing this form, I agree to the following terms and conditions:*

- Contractors and vendors with a verified work contract with RSCCD shall have a District employee submit an approved Vendor Access Authorization Form ("Vendor Access Form").*
- Form shall be provided to the District Safety and Security office a minimum of (72) hours prior to receiving access credential(s).*
- All access devices shall be returned daily to the District Safety and Security Office upon completion of the work shift. Additional Vendor Access Credential Authorization Form(s) will not be required if the access level remains the same and all entities requiring access are listed as designated employees on the approved Vendor Access Credential Authorization Form.*
- In the event keys are not returned, the vendor acknowledges and assumes the responsibility of the costs to re-key associated RSCCD property due to key loss. A minimum penalty fee of \$5,000 shall be assessed for any missing or lost master key.*

**APPLICANT**  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Supervisor Responsible for Vendor** *(REQUIRED FOR ALL ACCESS DEVICES)*

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE

**District Safety and Security Approval** *(REQUIRED FOR ALL ACCESS DEVICES)*

\_\_\_\_\_  
Chief of Safety and Security (or designee) - PRINT NAME SIGNATURE DATE

**APPROVED?**  
 Yes  No

**SECURITY OFFICE USE ONLY**

Issue Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Access Card Expiration Date: \_\_\_\_\_  
Date Returned: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Date Returned: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Date Returned: \_\_\_\_\_ Processed By: \_\_\_\_\_