



PORTAL CLASSIFICATION FORM



NAME OF COMPANY _____

PRINT name of Authorizing Agent _____

SIGNATURE of Authorizing Agent _____

Date _____

Permanent Access Temporary Access Date: _____

NEW portal request ADDITIONAL Access for DELETION _____

Please list the access points for the portal classification of
(Use line below to indicate the door group for additional or deletion of access points)

Door Group Name _____

Please list the door(s) that are required to perform operational duties.

ACCESS POINTS TO BE ACCESSED			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCESS CONTROL OFFICE USE ONLY

ACO Verified door codes Door Group Assigned Master Door group assigned

Name of NEW door Group _____

ACO INTL _____ Date Completed _____

Total Number of Pages _____

Page No. _____ of _____