VISITOR ACCESS LETTER:

Solicitud de acceso visitante.

Visitor Information: Información del visitante	
Visitor Name: Nombre completo del visitante:	
Nationality: Nacionalidad:	
Birth Date: Fecha de nacimiento:	
Company Name: Nombre de la compañía:	
Job Title / Description: puesto:	
Department / Area: Departamento / Area:	
Address: Dirección de la Compañía:	
Phone Number: Número de teléfono:	
Fax Number: Número de fax:	
City/State: Ciudad y Estado:	
Zip Code: Código postal:	
E-mail Address: Correo eléctronico:	

Purpose of the Visit: Próposito de la visita			
Describe the General Purpose of your Visit: Descripción o propósito de la visita:			
Access Areas: Áreas de acceso permitidas:	Offices Only ☐ (solo oficinas)	Production Areas ☐ (áreas de producción)	All Areas ☐ (todas las áreas)
Date of the Visit: Fecha de la visita:	From: (De :) To: (Hasta :)	***Date in which the last safety talk was received:*** (Fecha en que recibió la última plática de seguridad) ***(If it is greater than one year, you will need to receive the talk once again)*** (Si la tomó hace más de un año, usted tendrá que recibir la plática otra vez)	

TIMSA Point of Contact Information: Información del contacto en TIMSA	
Date of Request: Fecha de solicitud de acceso a TIMSA:	
Point of Contact in TIMSA: Punto de contacto en TIMSA:	
Visit Approval: Visita aprobada por Gerente de Área:	
Contact Phone Number: Número telefónico de contacto en TIMSA:	
Contact E-mail Address: Correo electrónico de contacto en TIMSA:	
Visitor Signature Firma del visitante:	

Additional Information: All subcontractors are required to meet Security Access Procedure minimum requirements that include Five Panel Drug Screening (If applicable), Safety orientation and furnishing an insurance certificate before receiving an access authorization. All correspondence should be sent directly to visitantes@imt-mex.com.mx for processing. To ensure information is received and processed in a timely manner, do not send Visit Authorization Requests to personal email addresses.

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