



Sample Letter of Good Standing*

Your
Company's
Letterhead

Company Letterhead

{Insert Date}

To Whom It May Concern,

My name is Jane Doe and I am the RAPIDGate Company Administrator for ABC Enterprises. I am writing to respectfully ask for your consideration of the RAPIDGate waiver request submitted by our employee, John Doe.

Employment
Dates

Mr. Doe has been employed with us since 08/15/2017. Over the last 5 years, he has proven to be a hard-working and valuable employee, starting out in the field and working his way up to his current position as a supervisor.

Mr. Doe has not had any attendance issues or any kind of disciplinary action taken against him since he started with us 5 years ago. He made a mistake when he was young, but has since completed his community service, and has learned from his experiences.

Verify Good
Standing

We consider Mr. Doe to be of excellent standing with our company. His continued presence at his job sites is vital to our operations, and we sincerely hope that he is approved for RAPIDGate access in order to continue his job.

If you have any questions about Mr. Doe's employment or require any additional information, please do not hesitate to contact me at (555) 555-5555 or janedoe@example.com.

Thank you for your consideration in this matter.

Sincerely,

Jane Doe

RCA Contact
Information

Jane Doe
Manager/RAPIDGate Company Administrator
(555) 555-5555
janedoe@example.com

***Please note:** This is a sample provided for your reference only. Use of this sample format or the type of information contained in this sample will not guarantee that an employee will be granted a waiver to access a facility through the RAPIDGate Program.



Waiver Release Authorization Form

Please sign and date the form below to initiate the waiver process for the RAPIDGate Program.
Incorrect or incomplete forms will not be accepted or retained on file.

Send this form, the Letter of Good Standing and any supporting documentation to RAPIDGate:

Fax: (971) 223-6496 or **Email:** Screening@rapidgate.com

Participant Name:

Participant Address:

Participant Phone Number:

Company Name:

Background Screen Case/Work Order Number:

Name of Facility:

(Please note: an individual waiver form must be submitted for each facility.)

To Whom It May Concern:

By signing this background investigation release form, I, _____, hereby authorize the RAPIDGate Program to provide a copy of my background check report(s) to the facility for review. I understand that the facility will use the report(s) to determine my eligibility to obtain a waiver to participate in the RAPIDGate Program at that facility.

Regard

Signed _____ **Date** _____

If you have any questions regarding the waiver process or how to complete this form, please call RAPIDGate Customer Support at **(877) 727-4342**.