

# SECURITY ASSESSMENT AUTHORIZATION FORM

Physical Security • Social Engineering • Cyber/Network Testing

This Authorization Form must be completed and signed prior to commencement of any security assessment activities. Please read each section carefully and complete all applicable fields. If you have questions, contact your assigned engagement lead.

## 1. CLIENT INFORMATION

Client Organization Name:

Primary Business Activity:

Client Address:

Business Contact Name:

Title:

Business Contact Email:

Phone:

Technical Contact Name:

Title:

Technical Contact Email:

Phone:

## 2. CONTRACTOR INFORMATION

*To be completed by the Security Firm*

Contractor Organization Name:

Primary Contact:

Contractor Email:

Phone:

## 3. ENGAGEMENT DETAILS

Engagement Name:

Agreement Date:

Assessment Start Date:

Assessment End Date:

Authorized Testing Windows (days/times):



## 4. SCOPE OF WORK

**Assessment Types Authorized (check all that apply):**

- |   |  |
|---|--|
| Physical Penetration Testing            | Social Engineering (In-Person)         |
| Social Engineering (Remote/Phone/Email) | Wireless/Network Penetration Testing   |
| External Network Testing                | Internal Network Testing               |
| Web Application Testing                 | USB Drop/Hardware Implant              |
| Full Red Team Operation                 | Security Walkthrough (Non-Adversarial) |

**Testing Approach:**

- Black Box (No Info)      Gray Box (Limited Info)      White Box (Full Info)      Assumed Breach

**Physical Locations Authorized for Testing:**

**Network/Cyber Scope (IP ranges, domains, URLs, cloud environments):**

**Systems, Areas, or Methods Explicitly EXCLUDED from Scope:**

**Specific Objectives or Scenarios to Test:**



## 5. AUTHORIZED ACTIVITIES

**Physical Testing Methods Authorized:**

- Lock picking / bypass
- Badge cloning
- After-hours entry
- Alarm bypass testing
- Tailgating / piggybacking
- Dumpster diving
- Impersonation/pretexting
- Fence/perimeter bypass

**Social Engineering Methods Authorized:**

- Impersonation (vendor, employee, visitor)
- Vishing (phone pretexting)
- Physical document theft
- Phishing/spear-phishing emails
- USB/media drops
- Credential harvesting

**Activities Explicitly PROHIBITED (check all that apply):**

- Destructive testing / permanent damage
- Testing against non-owned third-party systems
- Other (specify below)
- Denial of Service attacks
- Accessing personal employee data

## 6. AUTHORIZED PERSONNEL

The following individuals are authorized to conduct assessment activities on behalf of Contractor. Detailed physical descriptions will be provided in the Law Enforcement Notification Letter if applicable.

**Authorized Personnel Names:**

*Or enter: "Authorized agents and employees of [Contractor Name]"*

## 7. 24/7 VERIFICATION CONTACTS

The following contacts must be available 24/7 during the assessment period to verify authorization if personnel are questioned or detained.

**Client Verification Contact:**

**Name:**  **Phone (24/7):**

**Contractor Emergency Contact:**

**Name:**  **Phone (24/7):**



## 8. PROPERTY OWNERSHIP & THIRD-PARTY AUTHORIZATION

**Property Ownership Status:**

Owned by Client      Leased by Client      Shared/Co-located      Multiple Tenants

**If property is leased, shared, or has multiple tenants:**

Client confirms that all necessary third-party authorizations have been obtained, including but not limited to landlord, building management, and co-tenants. Client agrees to provide written third-party authorizations upon request.

**Third-Party Authorization Status:**

Not Required      Obtained      In Progress      N/A

**Third Parties Requiring Notification (if any):**

## 9. LAW ENFORCEMENT COORDINATION

**Will local law enforcement be notified prior to the assessment?**

Yes - Client will notify      Yes - Contractor will notify      No      To Be Determined

**Local Law Enforcement Agency / Contact (if notifying):**

## 10. TERMS AND CONDITIONS

**1. Authorization**

Client hereby authorizes Contractor to perform the security assessment activities described in this Authorization Form against the systems, facilities, and personnel specified in the Scope of Work. This authorization extends to all methods and techniques reasonably necessary to conduct such assessment within the defined scope.

**2. Authority to Authorize**

The undersigned represents and warrants that they have full legal authority to authorize the assessment activities described herein. For facilities not owned by Client, the undersigned confirms that all necessary third-party authorizations have been obtained.

**3. Professional Conduct**

Contractor agrees to perform all assessment activities in a professional manner consistent with industry best practices. Contractor will use reasonable efforts to avoid disruption to Client operations and will not intentionally damage, destroy, or alter Client systems, data, or property except as explicitly authorized.

**4. Immediate Termination**

Client may request immediate cessation of assessment activities at any time by contacting the Contractor Emergency Contact listed in Section 7. Contractor will comply with such requests promptly.

## 10. TERMS AND CONDITIONS (continued)

### 5. No Guarantee of Security

Client acknowledges that no security assessment can identify all vulnerabilities or guarantee complete protection against attack. The assessment provides a point-in-time evaluation based on the defined scope and methodology.

### 6. Liability Limitation

Client agrees not to hold Contractor liable for any indirect, punitive, special, incidental, or consequential damages arising from the assessment, including but not limited to loss of business, revenue, data, or other economic loss, except in cases of gross negligence or willful misconduct.

### 7. Data Protection

Client maintains sole responsibility for adequate protection and backup of data prior to assessment. Client will not hold Contractor liable for lost data, system downtime, or work delays resulting from authorized assessment activities.

### 8. Confidentiality

Both parties agree to maintain confidentiality of all information disclosed during the engagement. Assessment findings and reports are confidential and will not be disclosed to third parties without prior written consent, except as required by law.

### 9. Documentation and Photography

Contractor is authorized to document assessment activities through photographs and video recordings for inclusion in the assessment report. Audio recording is strictly prohibited due to federal and state wiretapping laws. All documentation remains confidential and subject to the confidentiality provisions herein.

### 10. Data Destruction

Contractor will destroy all confidential materials obtained during the assessment within thirty (30) days of final report delivery, except as necessary for ongoing engagement documentation or as required by law.

### 11. Incident Response

If Contractor discovers evidence of actual unauthorized access, ongoing attack, or imminent threat during the assessment, Contractor will immediately notify Client through the emergency contacts provided.

### 12. Indemnification

Client agrees to defend, indemnify, and hold harmless Contractor and its personnel from any claims, damages, or legal actions arising from (a) incorrect scope information provided by Client, (b) Client's failure to obtain necessary third-party authorizations, or (c) actions by law enforcement resulting from authorized assessment activities.

### 13. Evidence Handling

Should assessment activities result in detention or questioning by security or law enforcement, authorized personnel will comply with all lawful directives, present this Authorization Form, and request verification through the 24/7 contacts listed herein.

### INSTRUCTIONS FOR LAW ENFORCEMENT / SECURITY PERSONNEL

If personnel presenting this document are detained or questioned:

1. Contact the 24/7 Client Verification number listed in Section 7 to confirm authorization.
2. Authorized personnel have been instructed to comply fully with all lawful directives.
3. This is a legitimate, contracted security assessment. Thank you for your cooperation.



11. AUTHORIZATION SIGNATURES

By signing below, both parties acknowledge that they have read, understand, and agree to the terms of this Authorization Form. The Client Authorizing Official represents that they have the legal authority to authorize the assessment activities described herein.

CLIENT AUTHORIZATION

Authorizing Official Name (Print):

Title:

Organization:

Date:

Signature: \_\_\_\_\_

CONTRACTOR ACKNOWLEDGMENT

Authorized Representative Name (Print):

Title:

Organization:

Date:

Signature: \_\_\_\_\_

NOTARY ACKNOWLEDGMENT (Optional but Recommended)

State of  County of

On this  day of , 20 , before me personally appeared

, known to me to be the person who executed the foregoing instrument and acknowledged to me that they executed the same.

Notary Signature: \_\_\_\_\_ Commission Expires:

This document should be retained by both parties. Authorized personnel should carry a copy during assessment activities.