

**Authorization Letter**

Prepared for: [ CLIENT NAME ]

Jeremiah Talamantes, CISSP, CHFI, CEH, CCENT, CCISO

RedTeam Security Training, LLC

**Please use this document to validate the identity of the assessment team and to authorize the presence and actions of the assessment team by contacting the people shown in Section 4 of this document. The assessment team will provide government issued credentials upon request.**

Date: [DATE]

RE: Physical Red Team Operation

To properly secure our facilities, [CLIENT\_NAME] has engaged RedTeam Security Training LLC., a Minnesota-based Ethical Hacking firm, to perform a Physical Red Team Operation. This engagement may involve RedTeam Security Training consultants testing physical security controls onsite, masquerading as [CLIENT\_NAME] employees, customers and/or vendors in an effort to thoroughly test staff adherence to company policies and physical security best practice.

Be advised that the tactics used by RedTeam Security Training *appear* to be malicious in nature, however the actions carried out are done so with the explicit approval from [CLIENT\_NAME]. This test has been and will be conducted within the confines of all legal restrictions, state, local and federal.

Thus, the undersigned attests to the following:

1. The Assessment Team below has permission to assess the information security posture at the [CLIENT\_NAME], [CLIENT\_CITY] [CLIENT\_STATE] location from [DATE] to [DATE].
2. Assessment Team

Jeremiah Talamantes
Security Consultant
RedTeam Security Training
Cell: XXX-XXX-XXXX / xxxxxx@redteamsecuritytraining.com
Business: XXX-XXX-XXXX
Driver’s license number: XXXXXXXXXXXXXXXX

RedTeam Security Training
[ STREET ADDRESS ]
[ CITY ] [ STATE ] [ ZIP ]

<https://www.redteamsecuritytraining.com.com>

1. **[PRIMARY\_CONTACT\_NAME]** has the authority to grant permission for testing the organization for physical and information security vulnerabilities
2. [CLIENT\_NAME] contact information:

**PRIMARY**
[NAME]
[TITLE)
[AFTER HOURS CELL NUMBER]
[DIRECT LINE]
[EMAIL]

**SECONDARY**
[NAME]
[TITLE]

[AFTER HOURS CELL NUMBER]

[DIRECT LINE]

[EMAIL]

**TERTIARY**
[NAME]
[TITLE]

[AFTER HOURS CELL NUMBER]

[DIRECT LINE]

[EMAIL]

1. The scope of this assessment is limited to:

[CLIENT\_NAME]
[CLIENT\_ADDRESS\_1]
[CLIENT\_ADDRESS\_2]
[CLIENT\_CITY], [CLIENT\_STATE] [CLIENT\_ZIP]

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[CLIENT\_NAME] Approving Manager (Print)

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[CLIENT\_NAME] Approving Manager (Signature)