REDTEAM
SECURITY TRAINING

Authorization Letter

Prepared for: United States Army, Fort Meade

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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: Social Engineering Operation

To properly secure our facilities, [CLIENT_NAME] has engaged RedTeam Security Training, a Minnesota-based Ethical Hacking firm, to perform a Social Engineering Operation. This engagement may involve RedTeam Security Training consultants 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: 612-849-8661 / jeremiah@redteamsecure.com
   Business: 612-234-7848
   Driver's license number: XXXXXXXXXXXXXXXX

   RedTeam Security Training
   214 4th Street E.,
   Suite 140
   St. Paul, MN 55101
   https://www.redteamsecure.com

3. **[PRIMARY_CONTACT_NAME]** has the authority to grant permission for testing the organization for physical and information security vulnerabilities

4. [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]

5. The scope of this assessment is limited to:

    [CLIENT_NAME]
    [CLIENT_ADDRESS_1]
    [CLIENT_ADDRESS_2]
    [CLIENT_CITY], [CLIENT_STATE] [CLIENT_ZIP]

_____
[CLIENT_NAME] Approving Manager (Print)

_____
[CLIENT_NAME] Approving Manager (Signature)