

# APPLICATION FOR ACTIVITY ACCESS

## Consent to Criminal History

I hereby acknowledge understanding, that with the voluntary completion of this application, I am requesting access to a ~~Department~~ (DOD) facility. I hereby authorize Navy Security Force personnel to receive any citizenship and criminal history record information pertaining to me, which may be in the files of any federal, state, or local law enforcement agencies.

## Privacy Act Statement

**AUTHORITY:** Privacy Act of 1974 (5 USC SECTION 552(A)(7)) 41 USC Section 423, 5CFR Section 2635.602, AR 340-21 Title 10 and 37 USC.  
**PRINCIPAL PURPOSE(S):** To enable military security and/or law enforcement personnel to conduct Citizenship and Criminal Background investigations for civilians requesting access to DOD Facilities.  
**ROUTINE USE(S):** To authorize access to DOD Facilities. Information may be reported to federal, state, and local law enforcement agencies With jurisdictional interest.  
**DISCLOSURE:** Voluntary. Failure to provide requested information will result in denial of access to DOD Facilities.

## PRINT CLEARLY FOR TIMELY PROCESSING

NAME (Last)	First	Middle	Gender
Social Security Number	Driver License Number	Driver License State of Issue	PHONE/AREA CODE

ADDRESS (Home)

DATE OF BIRTH	PLACE OF BIRTH (City)	PLACE OF BIRTH (State)	COUNTRY OF BIRTH
COLOR HAIR:	COLOR EYES:	HEIGHT:	WEIGHT:
			COUNTRY OF CITIZENSHIP

I understand that federal law provides for imprisonment and/or fines for false statements or use of false ~~information~~ information with the completion of this form.

Have you ever been convicted of a felony?  Yes  No  
 If Yes. How many years since conviction? \_\_\_\_\_ Years

I attest, under penalty of perjury, that I am (check one of the following): \*\*\*

<input type="checkbox"/> A citizen of the United States.	
<input type="checkbox"/> A Lawful Permanent Resident.	Alien Registration Number- A _____
<input type="checkbox"/> An Alien with Employment Authorization Document (EAD)	Employment Authorization Document Number _____

\*\*\*All Non-Citizen's must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with application. Access to the activity will not be authorized without this information.

## Vehicle Information

Veh. Make	Veh. Model	Veh. Color	License Plate #	State of Issuance
Insurance Company Name		Insurance Policy #	Insurance Expiration Date	

## Reason for Access

Reason for Access? (Check one of the following.)	<input type="checkbox"/> Delivery	<input type="checkbox"/> Vendor	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Contractor			
Company/Contractor Name:	Company/Contractor Phone #:	Destination / Area of worksite on activity:		
How long will you need access? (Check on of the following.)	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 1 Month	
	<input type="checkbox"/> 3-6 Mos.	<input type="checkbox"/> 6-12 Mos.		
Point of Contact's Name:	POC's Command:	POC's Phone #:	Pass Request	Start Date
End Date				

I agree to return the badge to the Security Officer upon termination of employment, completion of business transactions or any other reason that may ~~revoke~~ privilege for entry to the Station. I hereby agree to and certify that the above information and statements are true. I further agree to abide by all rules and regulations of this activity and subject myself and/or vehicle to search or detention for protection of information or property of the U.S. Government.

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

## Application Processing (For Navy Security Force Personnel Only)

PASS/ID Official Name	Identification Verified	Identification #	Photo Copy Retained <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Pass Information	<input type="checkbox"/> Activity Paper Pass	<input type="checkbox"/> Activity Photo Pass	<input type="checkbox"/> CAC Identification (White)
	<input type="checkbox"/> CAC Identification (Green)	<input type="checkbox"/> CAC Identification (Red)	<input type="checkbox"/> Other
CNRSE 5200.1 Form 1	Activity Pass Number	Issue Date	Expiration Date