

REQUEST FOR EMPLOYEE ACCESS

NAME (LAST) (FIRST) (MIDDLE)			DATE OF REQUEST:
ADDRESS (HOME):		PHONE/AREA CODE:	DATE OF BIRTH:
SOCIAL SECURITY NUMBER:		KIND OF BADGE DESIRED (CHECK ONE)	
COLOR HAIR: COLOR EYES:		COLOR BADGE:	
HEIGHT: WEIGHT:		<input type="checkbox"/> CIVIL SERVICE	<input type="checkbox"/> CONTRACTOR
EMPLOYER:		<input type="checkbox"/> NON-APPROPRIATED FUNDS	
EMPLOYER ADDRESS:		<input type="checkbox"/> OTHER THAN ABOVE (Explain)	
PHONE/AREA CODE:		BADGE REQUESTED FOR _____ MONTHS (1YR MAX FOR CONTRACTORS)	
		Requested Start Date:	Requested Expiration Date:
		OCCUPATION OF APPLICANT:	

I agree to return the badge to the Security Officer upon termination of employment, completion of business transactions or any other reason that may cancel or alter my 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. Please Initial: I am _____ am not _____ a U.S. Citizen.

SIGNATURE OF APPLICANT _____

APPLICANT WILL NOT WRITE BELOW THIS LINE

I agree to report immediately to the Security Pass/ID Section and my immediate supervisor in the event the badge is destroyed, lost or stolen. My supervisor will sign an acknowledgement of loss report before a new badge will be issued. **FOR CONTRACTOR OR RECURRING VENDOR BADGE APPLICATIONS: I HEREBY CERTIFY THAT THE PERSON APPLYING ON THIS FORM IS EITHER A BORN OR NATURALIZED U.S. CITIZEN OR A PERMANENT RESIDENT ALIEN OR OTHERWISE LEGALLY ALLOWED EMPLOYMENT IN THE U.S. (INITIAL): _____**

Prime Contractor Only

SUPERVISOR'S SIGNATURE	DATE:
SUPERVISOR'S PRINT	
COMPANY/ORAGNIZATION:	PHONE AREA/CODE:

GOV'T HOST/CONTRACTING OFFICER ENDORSEMENT

From: _____ of _____
(Activity _____ GOVERNMENT LIAISON / POC) (ORGANIZATION)

To: (Activity _____) Pass/ID Office Supervisor

- Security Pass/ID Section will issue an Antiterrorism/Force Protection pamphlet upon issuance of the badge.
- In accordance with this application, it is requested that a badge be issued for the purpose and duration indicated.

START DATE:		EXPIRATION DATE:	
GOV POC SIGNATURE		DATE:	
RANK AND/OR TITLE		PHONE:	

SECURITY PASS/ID OFFICIAL USE ONLY

NOT VALID WITHOUT SECURITY SEAL AND MARK

Pass Issued By: _____ Date of Issue: _____

NOTICE: TITLE 18 USCA Sec. 132. (June 15, 1917, c., 30, Title X, Sec. 3, 40 Stat. 228) FALSELY MAKING OR FORGING NAVAL, MILITARY, OR OFFICIAL PASS. Whoever shall falsely make, forge, counterfeit, alter, or tamper with any Naval, Military, or Official pass, or permit, issued by or under the authority of the United States, or with wrongful or fraudulent intent shall use, or have in his possession any such pass or permit, or shall personate or falsely represent himself to be or not to be a person to who such pass or permit has been duly issued, or shall willfully allow any other person to have or use pass or permit, issued for his use alone, shall be fined not more than \$2,000 or imprisoned

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 to conduct Citizenship/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.