

BASE ACCESS REQUEST

1. DATE OF REQUEST (YYYYMMDD)

PLEASE EMAIL COMPLETED FORM TO: 110.MSG.Pass.-ID.Org@us.af.mil

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102; E.O. 9397.

PRINCIPAL PURPOSE: To determine eligibility of a prospective contractor to be allowed access into an Armed Forces of the United States installation.

ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD. DISCLOSURE: Voluntary; however, failure of the applicant to complete this form may result in refusal of access into an Armed Forces of the United States installation.

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this Form may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on your clearance for base access.

SECTION I - (Applicant's Personal Information)

1. CITIZENSHIP: **U.S. Citizen** **Foreign National** **If FN, which country?**

2. NAME OF APPLICANT (Last, First, Middle(s), Alias)

3. SEX

MALE

FEMALE

4. DATE OF BIRTH (YYYYMMDD)

5. RACIAL CATEGORY (X one or more)

(1) AMERICAN INDIAN / ALASKA NATIVE

(2) ASIAN

(3) WHITE

(4) BLACK / AFRICAN AMERICAN

(5) NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

6. ETHNIC CATEGORY

(1) HISPANIC / LATINO

(2) NOT HISPANIC / LATINO

7. CURRENT ADDRESS AND PHONE NUMBER

7a. NUMBER AND STREET (Include Apartment No.)

7b. CITY

7c. STATE

7d. ZIP CODE

7e. PHONE NUMBER

8. I HEREBY CONSENT TO A CRIMINAL HISTORY CHECK AS REQUIRED TO GAIN ACCESS TO A MILITARY INSTALLATION.

APPLICANT'S SIGNATURE



SECTION II - (Contractor/Vendor Info)

9a. COMPANY NAME

9b. GENERAL CONTRACTOR

9c. COMPANY CONTACT NUMBER

9d. JOB SITE

9e. START DATE

SECTION III - (Sponsor Info)

10a. SPONSOR NAME

10b. SPONSOR UNIT

10c. SPONSOR CONTACT NUMBER

10d. SPONSOR SIGNATURE

SECTION IV - (Frequency of Visits)

11a.

DAILY (Mon-Fri)

WEEKLY (1-2 times per week)

MONTHLY (1-2 times per month)

11b. ACCESS EXPIRATION DATE

12. SCAN DRIVERS LICENSE IN THIS SPACE.

SECTION V - (To be completed by Security Forces Pass and ID member completing records check)

The person described above has applied for access to a secure military installation therefore a LEIN check is required for installation access to be granted.

12. PERSON COMPLETING THIS REQUEST

12a. NAME (Last, First, Middle Name(s))

12b. RANK

12c. SIGNATURE

12d. TITLE

12e. Agency: 110th Security Forces Squadron

12f. Agency Address: 34 Sabre Street, Battle Creek, MI 49035

12g. ORI#: MIAF00400

12h. LEIN COMPLETED DATE (YYYYMMDD)

14. DEROGATORY FINDINGS

NO

YES