

APPENDIX C-1

REQUEST FOR A JOINT BASE MYER-HENDERSON HALL INSTALLATION ACCESS CONTROL PASS (VISITORS)

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Joint Base Myer-Henderson Hall (JBM-HH) Installation. Providing requested information, to include your social security number (SSN), is voluntary. However, your access may not be granted if all requested information is not provided. **AUTHORITIES:** Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397.

PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify access applicants to JBM-HH who may have criminal histories or involvements which preclude installation access. Completed forms are used to conduct background records checks for determinations of the eligibility of applicants for access to JBM-HH. Completed forms are covered by official SORNs.

DISCLOSURE: Voluntary. However, failure of the applicant to complete any of the applicant required sections will result in refusal of access to JBM-HH. An applicant's SSN is used to conduct law enforcement record checks and Government data base queries. All information is "For Official Use Only" and will only be released to the JBM-HH Police Department or other authorized law enforcement agencies for the purposes of determining access eligibility and/or enforcing Federal, state, local law or regulations. Information retrieved from law enforcement record checks and Government data base queries will not be disclosed to the applicant IAW National Crime Information Center and Interstate Identification Index laws, user agreements, Army Directive 2014-05 and official guidance.

1. APPLICANT INFORMATION:

LAST Name: _____ **FIRST Name:** _____ **MIDDLE Initial:** _____

Grade/Rank/Status: _____ **Social Security Number:** _____ **DOB:** _____

Gender (check one): Male Female

Driver's License or State ID # _____ **State of Issue** _____

United States or United States Territories Passport# (if a state DL or ID is not available): _____

Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

E-Mail Address: _____ **Relationship to Sponsor:** _____

Are you a U.S. Citizen? (check one) Yes No

If you are a U.S. Citizen please skip questions (a) through (g).

(a) Do you have a Visa, Foreign Passport or Official Military Orders allowing travel, work or residency in the United States?
(check one) Yes No

(b) Please indicate what documentation you have and the corresponding identification alphanumeric number.

(c) Do you have a FNN (Foreign National Number)? (check one) Yes No

(d) If you responded yes to (c) – what is your FNN? _____

(e) Do you have an ARN (Alien Registration Number)? (check one) Yes No

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(f) If you responded yes to (f) – what is your ARN? _____

**** If you are a non-U.S. citizen you must provide all relevant documentation for verification. The Visitor Control Center (VCC) is required to make and retain photocopies of all documentation which allows you to work, reside or visit the United States for the purpose of installation access.**

2. AUTHORIZATION FOR CRIMINAL RECORDS RELEASE:

The data retrieved for installation access vetting is “FOR OFFICIAL USE ONLY” and will be maintained and used in strict confidence in accordance with Federal, state, local laws and regulations. Personnel record screening, utilizing the National Crime Information Center and Interstate Identification Index (NCIC-III), the Virginia Criminal Information Network (VCIN), the Washington Area Law Enforcement System (WALES), the Terrorist Screening Data Base (TSDB), Centralized Police Operations Suite (COPS) and Installation Debarment Lists, is a voluntary process. Applicants requesting JBM-HH access are not required to submit to personnel record screening; however person(s) who elect not to authorize the personnel record screening and vetting process will not be granted access to JBM-HH whether escorted or unescorted.

By signing below the applicant asserts the following:

-I certify that, to the best of my knowledge and belief, all of the information on and attached to this Request for Joint Base Myer-Henderson Hall Installation Access Control Pass request, including any attached application materials, is true, correct, complete, and made in good faith.

-I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for the denial of installation access.

-I understand that any information I give may be verified and/or examined for the purpose of determining eligibility for JBM-HH installation access and/or the execution of Federal, state, local laws and regulations.

-I consent to the release of information about my criminal history from law enforcement or criminal justice agencies, law enforcement state or Federal data bases, criminal history record information, Federal installations or properties and other authorized employees or representatives of the Federal Government.

-I understand that my consent is voluntary and I may refuse to give my consent.

-I understand I have the right to refuse authorized representatives of JBM-HH to obtain my criminal history.

-I understand that derogatory results of any such inquiries may result in the denial of installation access and/or the execution of any outstanding legal service or warrant from information obtained through authoritative law enforcement data bases.

-I understand that information released by records custodians and sources of information is for the official use by the Federal Government only for the purposes provided in this form, and may be redisclosed by the Government only as authorized by law. Copies of this authorization that show my signature are as valid as the original release signed by me.

-I assert I understand all of the information stated herein and have requested clarification or explanation of any terms, concepts or procedures which were unclear to me.

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-I hereby consent to have my name and provided identifying information vetted utilizing any or all of the following systems: NCIC-III, VCIN, WALES, the TSDB and COPS.

Applicant Signature

Applicant Printed Name

Date (Month, Day, Year)

3. APPLICANT CATEGORY: Please read all options and place a check beside the description which best describes your category/reason for requesting access to JBM-HH.

- | | |
|---|---|
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Guest/Partners of JBM-HH |
| <input type="checkbox"/> Non-DoD Affiliated Visitor | <input type="checkbox"/> Commercial Delivery |
| <input type="checkbox"/> Family Care Provider | <input type="checkbox"/> Taxi/Limo Driver |
| <input type="checkbox"/> Employee of JBM-HH Resident | <input type="checkbox"/> Event Attendee |
| <input type="checkbox"/> Tow Truck Driver | <input type="checkbox"/> Moving Company |
| <input type="checkbox"/> Gold Star Family Member | <input type="checkbox"/> DFMWR Member |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Guest of JBM-HH Resident |
| <input type="checkbox"/> Foreign Military Member on Official Orders | |

Other: Please Explain _____

Requested Date(s)/Time(s) of Visit: _____

4. JUSTIFICATION FOR PASS:

5. SPONSOR INFORMATION:

LAST Name: _____ FIRST Name: _____ MIDDLE Initial: _____

Grade/Rank/Status: _____ DOB: _____ Gender (check one): Male Female

Driver's License or State ID # _____ State of Issue _____

United States or United States Territories Passport# (if a state DL or ID is not available): _____

Organization/Unit (for Active Duty or Civilian DoD Employees Only): _____

Organization/Unit Phone Number (for Active Duty or Civilian DoD Employees Only): _____

Government E-Mail Address: _____

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6. SPONSOR'S CERTIFICATION:

I certify that the applicant meets the justification requirements as indicated in JBM-HH Regulation 190-16, Access Control Policy, for access privileges. Furthermore, I certify that the applicant requires a Visitor Pass as indicated above in order to perform assigned duties, conduct official business or has a valid purpose for JBM-HH access.

Sponsor's Signature
(Invalid if Incomplete)

Printed Name/Rank/Telephone No.
(Invalid if Incomplete)

SECTIONS BELOW ARE FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

7. BACKGROUND CHECK VERIFICATION:

NCIC-III Check: ___ No Derogatory Information Found ___ Derogatory Information Found ___ N/A
VCIN Check: ___ No Derogatory Information Found ___ Derogatory Information Found ___ N/A
WALES Check: ___ No Derogatory Information Found ___ Derogatory Information Found ___ N/A
TSDB Check: ___ No Derogatory Information Found ___ Derogatory Information Found ___ N/A
COPS Check: ___ No Derogatory Information Found ___ Derogatory Information Found ___ N/A

Checks conducted by:

Official Printed Name

Official Signature

Date

8. WAIVER PACKET:

- a. Does a waiver packet need to be provided to the applicant? ___ Yes ___ No
- b. If yes, was a waiver packet provided to the applicant? ___ Yes ___ No ___ N/A
- c. How was the waiver packet delivered to the applicant? ___ In person ___ Via E-mail to the sponsor ___ N/A
- d. If a waiver packet was not provided to the applicant or sponsor, please explain why: _____

Official conducting section #8:

Official Printed Name

Official Signature

Date

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9. TYPE OF PASS ISSUED:

24 Hour Visitor Pass 30 Day Visitor Pass
 6 Month Visitor Card 1 Year Visitor Card

Other – Please explain type of pass issued and length _____

Pass Issuance/Validity Date Range: _____

10. ISSUING OFFICIAL:

Approved Disapproved (check one)

Issuing Official Printed Name Issuing Official Signature Date

This information will be retained and kept on file for two years.

Applicant's may receive a copy of this form for personal records retention up to section #7, or the entire form when section #7 and below have not been completed.