SPONSORED PASS APPLICATION- FORT BELVOIR INSTALLATION ACCESS

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Fort Belvoir 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. All information that contains PII is protected as required.

VISITOR APPLICANT INFORMATION				
Name (last, first, middle initial)		Social Security Number (full SSN required)		
Date of Birth		Gender		
		Male Female		
year day Driver's License or State Identification Card Number	State	U.S. Passport Number (if driver's license or state ID is not available		
Driver's License of State identification card Number	State	U.S. Passport Number (in driver's license of state ib is not available		
Employment Authorization Card Number (Form I-766) (if ap	plicable)	Permanent Resident Card Number (Form I-551) (if applicabl		
	pricabley			
Your Destination on Fort Belvoir		Justification for Access		
		Work Visiting Other:		
Email Address		Contact Phone Number		
Applicant Certification: I certify the information provided is true and accurate, and I a	m providing it with t	he purpose of receiving a ACCESS DASS to allow access onto Fort Polyair, Lundorstand		
that I am required to turn in or destroy the pass upon expiration or prior to expiration				
must give Fort Belvoir Visitor Control Center consent to an initial and periodic backgro result in the termination of the application process. I understand that my access may be	• •			
stolen pass to the Visitor Center. I further understand that these background screening	-			
Applicant Signature		Date		
SPONSOR INFORMATION A sponsor must possess a valid DoD ID card and be one of the following: Active Duty U.S. Military, Guard, Reserve, Retiree, or DoD Civilian. Military dependent sponsors must be at least 18 years old.				
				Name (last, first, middle initial)
	•			
DoD Email Address	Organization /	' Unit Address		
Home Address (if you live on the installation)		Contact Phone Number		
Requested Pass Duration (when do you want their pass to exp	ire; not to exce	ed 1 year)		
SPONSOP'S CEPTIFICATION. I cortify that the applicant mosts the justification	roquiromonts and	I that they require a PASS as indicated above in order to perform assigned		
SPONSOR'S CERTIFICATION: I certify that the applicant meets the justification requirements and that they require a PASS as indicated above in order to perform assigned duties, conduct official business or visit family/friends on Fort Belvoir. I understand my role as the sponsor and ensuring the PASS is retrieved upon expiration or prior to				
expiration if it is no longer required. If I fail to do so, my ability to be an approv	ved sponsor can be	e removed.		
Sponsor Signature		Date		
Contion Bolow Come	Visitor Control Center			
Issuing Official Name	Today's Date	Expiration Date		
	Touay S Dale			