

## UNSPONSORED 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

<b>Name</b> (last, first, middle initial)	<b>Social Security Number</b> (full SSN required)
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<b>Date of Birth</b> year _____ month _____ day _____	<b>Gender</b>  Male <span style="margin-left: 100px;">Female</span>
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<b>Driver's License or State Identification Card Number</b>	<b>State</b>	<b>U.S. Passport Number</b> (if driver's license or state ID is not available)
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<b>Employment Authorization Card Number (Form I-766)</b> (if applicable)	<b>Permanent Resident Card Number (Form I-551)</b> (if applicable)
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**Your Destination on Fort Belvoir** (building number, building name, or address)

**Justification for Access**

Work Visiting Other: \_\_\_\_\_

<b>Email Address</b> (will only be used if application is incomplete or denied access)	<b>Contact Phone Number</b> (will only be used if application is incomplete or denied access)
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**Applicant Certification:** I certify the information provided is true and accurate, and I am providing it with the purpose of receiving a ACCESS PASS to allow access onto Fort Belvoir. I understand that I am required to turn in or destroy the pass upon expiration or prior to expiration. If I fail to do so my access to Fort Belvoir can be denied for any and all future requests. I understand that I must give Fort Belvoir Visitor Control Center consent to an initial and periodic background screenings prior to and after the issuance of an installation access badge/pass. Failure to do so will result in the termination of the application process. I understand that my access may be revoked at anytime without reason or notice. I understand that I must immediately report any lost or stolen pass to the Visitor Center. I further understand that these background screenings will determine my eligibility for access and continued access during the term of my request.

<b>Applicant Signature</b>	<b>Date</b>
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### Section Below Completed by the Visitor Control Center

Issuing Official Name	Today's Date	Expiration Date
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