

# UNSPONSORED FORM

## 1. APPLICANT INFORMATION:

**\*WRITE LEGIBLY\***

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_

Social Security # (full SSN required): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male *or* Female

Driver's License # or State Identification # \_\_\_\_\_ State: \_\_\_\_\_

Destination on Fort Belvoir (address, bldg. # or name of bldg.) \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

**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.

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## 2. Applicant Certification:

1. 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 further understand that these background screenings will determine my eligibility for access and continued access during the term of my request.
2. I understand that my access may be revoked at anytime without reason or notice.
3. I understand that I must properly care for my pass to prevent damage, or unnecessary wear, loss or theft.
4. I understand that I am required to turn 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.
5. I understand that I must immediately report any lost, damaged or stolen pass to the VCC.
6. All the information provided above is true and accurate and I have read all my responsibilities as an unsponsored applicant for access to Fort Belvoir.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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SECTION BELOW IS FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

6. ISSUING OFFICIAL: Approved / Disapproved

\_\_\_\_\_  
Issuing Official Signature

\_\_\_\_\_  
Date of Approval