

REQUEST FOR A FORT BRAGG INSTALLATION ACCESS CONTROL BADGE

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Fort Bragg 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.

1. APPLICANT INFORMATION:

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

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

Gender Male Female Driver's License # _____

Organization/Unit: _____ Organization/Unit Phone Number: _____

E-Mail Address: _____ Relationship to Sponsor: _____

2. REQUESTED BADGE:

Non-DoD Contractor Vendor	Foreign National Family Care Provider	Friend Partners of Bragg
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Requested Date(s)/Time(s) of Visit: _____

Contract Period (from/to dates) Contractor/Vendor use as applicable: _____

3. JUSTIFICATION FOR BADGE: _____

4. SPONSOR INFORMATION:

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

Grade/Rank/Status: _____ DOB: _____

Gender Male Female Driver's License # _____

Organization/Unit: _____ Organization/Unit Phone Number: _____

E-Mail Address: _____

5. COMMANDER'S/DIRECTOR'S/FACILITY MANAGER'S CERTIFICATION:

I certify that the applicant meets the justification requirements as indicated in paragraph 3 above for access privileges. Furthermore, I certify that the applicant requires an access control badge as indicated above in order to perform assigned duties or conduct official business on Fort Bragg.

BDE/BN CDRs, XO/Directors, Deputy Directors/
Contracting Officer Representative
(Invalid if incomplete)

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

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

6. ISSUING OFFICIAL:

Approved/Disapproved (circle one) _____ Issuing Official Printed Name Issuing Official Signature

Date: _____