

REQUEST FOR A FORT BRAGG INSTALLATION ACCESS CONTROL PASS

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: _____ SSN#/Passport#: _____ DOB: _____
Sex Male Female Driver's License # _____ Country of Origin: _____
Organization/Unit: _____ Phone Number and Cell #: _____
E-Mail Address: _____ Relationship to Sponsor: _____

2. REQUESTED BADGE:

Non-DoD Contractor	Foreign National	Partners of Bragg
Vendor	Family Care Provider/Au Pair	

Requested Date(s)/Time(s) of Visit: _____
Contract Period (from/to dates) Contractor/Vendor use as applicable: _____

3. JUSTIFICATION FOR BADGE/PASS: _____

4. SPONSOR INFORMATION: LAST Name: _____ FIRST Name: _____

MIDDLE Initial: _____ Grade/Rank/Status: _____ DOB: _____
Gender: Male Female Driver's License # _____ DOD ID # _____
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/or pass 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) E-Mail Address: _____ (Invalid if incomplete)
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SECTION BELOW IS FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

6. ISSUING OFFICIAL:

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