

REQUEST FOR A FORT CARSON INSTALLATION ACCESS CONTROL CARD*(Required for all Pass Requests greater than 24 hours)**(Fort Carson Directorate of Emergency Services, Security and Access Control is the proponent agency for use of this form IAW AR 190-13)***Privacy Act Statement****Authority:** 10 U.S.C. 3013, Secretary of the Army; Army Regulation 190-13, The Army Physical Security Program.**Purpose(s):** To support Department of the Army physical security and access control programs; Information Assurance program; to record personal data and vehicle information registered with the Department of the Army; to provide a record of security/access badges issued; to restrict entry to installations and activities; to ensure positive identification of personnel authorized access to restricted areas; to maintain accountability for issuance and disposition of security/access badges and for producing installation management reports.**Routine uses:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' also apply to this system of records.**Disclosure:** Disclosure of SSN and other personal information is voluntary; however, failure provide the requested information can result in denial of access to the military installation.**APPLICANT INFORMATION**

NAME (Last, First, Middle):	GRADE/RANK/STATUS:
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SSN:	DATE OF BIRTH:	GENDER: MALE FEMALE
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DRIVER'S LICENSE#:	ORGANIZATION/UNIT:
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ORGANIZATION/UNIT PHONE#:	RELATIONSHIP TO SPONSOR:
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E-MAIL ADDRESS:

REQUESTED CARD

NON-DOD CONTRACTOR	FOREIGN NATIONAL	AF/NAF	VENDOR	FAMILY CARE PROVIDER
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REQUESTED DATE(S) AND TIME(S) OF VISIT:

CONTRACT PERIOD (FROM/TO DATES) (CONTRACTOR/VENDOR USE AS APPLICABLE):

JUSTIFICATION FOR CARD:

BENEFICIARY INFORMATION

NAME (Last, First, Middle):	GRADE/RANK/STATUS:
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ORGANIZATION/UNIT:	ORGANIZATION/UNIT PHONE#:
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E-MAIL ADDRESS:

GOVERNMENT SPONSOR

I certify that the applicant meets the justification requirements as indicated above for access privileges. Furthermore, I certify that the applicant requires frequent and repeated access as defined above in support of the beneficiary or Fort Carson.

SPONSOR'S NAME AND ORGANIZATION

RANK or TITLE/PHONE NUMBER	SPONSOR'S SIGNATURE
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INSTALLATION ACCESS CONTROL OFFICE USE ONLY

ISSUING OFFICIAL:		
<input type="radio"/> APPROVED	_____	_____
	PRINT ISSUING OFFICIAL'S NAME	ISSUING OFFICIAL'S SIGNATURE
<input type="radio"/> DISAPPROVED		DATE _____