

REQUEST FOR FORT DETRICK ACCESS CONTROL VISITORS PASS

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Fort Detrick Installation. The SSN, required for record accuracy, is requested pursuant to EO 9397. All information that contains PII is protected as required.

1. APPLICANT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

SSN: _____ Date of Birth (MM/DD/YY): _____ Gender: M ___ F ___

Are you a Registered Sex Offender? Yes No Do you have any felony convictions? Yes No

Place of Birth (City/State or Country): _____

2. REASON FOR VISIT: _____ Non-DoD Contractor/Vendor _____ Foreign National _____ VA/CBOC Appointment

_____ Family Care Provider _____ Visiting Family _____ Resident Other _____

Have you received a Visitor Pass from Fort Detrick or Forest Glen within the past year? Yes ___ No ___

How many days are you requesting? (1-365 days): _____

CONTRACTOR / VENDOR

Company Name: _____ Address: _____ Phone #: _____

3. BUILDING NUMBER VISITING: _____ POC NAME: _____ POC PHONE #: _____

4. APPLICANT CERTIFICATION:

1. I understand that I must give Fort Detrick Visitors Control Center consent to an initial and periodic background screenings prior to and after the issuance of an installation access 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 requested visit.

2. I understand that my access may be revoked at any time 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 must immediately report any lost, damage or stolen pass to the VCC.

5. All the information provided above is true and accurate and I have read all my responsibilities as an applicant for access to Fort Detrick.

(Applicant's Printed Name)

(Signature)

(Date)

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

5. ISSUING OFFICIAL: APPROVED / ACCESS DENIED

Vetting results: Renewal ___ NCIC Hit(s) ___ NIR ___

Pass #: _____

Expiration Date: _____

Escort Required: Yes ___ No ___

FBI: _____

Category Letter for Access Denial: _____

SID: _____

Charge(s): _____

SID: _____

(Issuing Official's Printed Name)

(Signature)

(Date / Time)