FORT DETRICK SPECIAL EVENT PRE-VETTING FORM

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Unit/Organization/Tenant	Loca	ation of Event		Special E	vent	Name Dat		Date	s of Event	Date Req	uest Sent
Coordinator / Sponsor Name				Email						Phone #	
Name (Last, First, MI)			Sex	DOB	Race Place of Birth (State, County, City)						
Driver's License #			Driver	r's License State SSN							
				ut By Vetting	Pers						
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Name of POC Notified	VCC Personnel's Name										
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Completed and signed forms mu Delivery can either be done via e Fort Detrick's VCC is located at 9	mail to Fo	ort Detrick's DASG C	hief, VC	C personne	l or h	nand deliv				Forest Glen	's VCCs.
Privacy Act Statement ~ 5 U.S of this information is by the Di Furnishing data, is voluntary, b	rectorate	ofor Public Safety to	approv	/e applicati	ons/	requests	for Fort	t Detri	ck Installa		

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CONTINUATION SHEET

Name (Last, First, MI)			DOB	Race	Place of Birth (State, County, City)					
Driver's License #			er's License State		SSN					
			Filled Out By Vetting Personnel							
AIE-3 Result (Granted, Alert)	NCIC Chec	ck Conducted	1	Results	(Granted, Denied)	Pass Produced				
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Driver's License #			er's License State		SSN					
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Name (Last, First, MI)		Sex	DOB	Race	Place of Birth (State, County, City)				
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