

FORT DETRICK REQUEST FOR VISITOR'S PASS

COMPLETED BY APPLICANT

Phone #

Name (Last, First, MI)								Phone #	
SSN	ſ	Date of Birth	n Plac	e of Birth	(State, County	, City)			
Do any of the following conditions apply to you. (Check all that apply)									
Currently barred from gaining access to any federal installation or facility									
Current arrest warrant in any jurisdiction regardless of extradition status									
Criminal history that presents a threat to the good order, discipline, or health and safety of Fort Detrick									
Conviction of crimes encompassing sexual assault, armed robbery, rape, child molestation, production or possession of child pornography, trafficking in humans, or drug possession with intent to sell or distribute									
Conviction of espionage, sabotage, sedition, treason, terrorism, or murder									
Being registered as a sex offender									
Felony conviction within the last 10 years regardless of the offense or violation									
Felony conviction for a firearms or explosives violation regardless of when the conviction occurred.									
Engaged in acts or activities designed to overthrow the U.S. Government by force.									
REASON FOR VISIT (Check all that apply)									
Job Interview				New Fort Detrick Employee					
Commissary/PX Shopper				MWR, Facilities to Include Gym or Pool					
Non–DOD Contractor/Vendor				Special Events					
VA Appointment				Fort Detrick Homes Resident					
Child Development Center, Child Youth Service									
Family Care Provider									
Visiting a Fort Detrick Employee or Family Member									
To Provide Taxi Service to Include Rideshare, Uber, or Lyft and Similar Services									
Food Delivery to Include Grub Hub, Uber Eats, or Door Dash and Similar Service									
Other (List Reason)									
Building Number			Unit/Tenant/Organization/POC Name						
 I understand that I must give Fort Detrick Directorate of Emergency Services (DES) consent to an initial and periodic background screenings prior to and after issuance of a Fort Detrick access pass. Failure to consent will terminate the application process. I further understand that these background screenings will determine my eligibility for access. I understand that my access may be revoked at any time for any reason without notice. I understand that I must properly care for my pass and immediately report any theft or loss to Fort Detrick DES I affirm that all provided information above is true and accurate. I understand that my person and vehicle are subject to searches and inspections while on the installation. I understand that if I fraudulently misrepresent information to gain access to the installation it may lead to criminal charges. 									
Signature Date									
COMPLETED BY VCC									
Issue Date	Approved			Denied				Convictions	
FBI or State ID #		NCIC	Check		AIE-3 Check				
NCIC Check Results									
U.S. Visitor	Foreign Visitor	· Fami	у	CTR	VHIC				