FORT LEE ACCESS CONTROL DENIAL
WAIVER APPLICATION

WARNING: ANY MISREPRESENTATION OR OMISSION OF INFORMATION MAY RESULT IN DENIAL OF THE REQUEST

REQUEST FORM			
Please type or print neatly; Attach additional sheets if necessary			
1. Name (*First/Middle/Last*)	2. Date of Birth	3. Social Security #	
4. Current Address (*Number and Street, City, State, and ZIP Code*)			
5. Email address: Do you want your decision emailed back to you rather than mailed to you? _ _Yes			
6. Current Telephone Number Home (____)_____-_____ Work (____)_____-_____ Ext			
7. Reason for requesting access to Fort Lee?			
8. Who is your current employer?			
9. What organization on Fort Lee will you be working with/for?			
10.List Your **ENTIRE** Criminal History (*except traffic and other infractions*) as follows:			
CRIME FOR WHICH YOU WERE ARRESTED	CRIME FOR WHICH YOU WERE CONVICTED (*OR INDICATE IF DISMISSED OR NULL PROS.*)	NAME & ADDRESS OF COURT OR AGENCY	DISPOSITION (*INCLUDE SENTENCE AND CONVICTION DATE*)
11.Attach a copy of all court documents, certified by the Clerk of the Court, from all of your conviction(s).			
12. In your own words, explain the facts of each offense, and why you should be able to come on post. Attach additional sheets if necessary.			
13. Explain any circumstances that lessen the seriousness of the conviction(s) and show that you have been rehabilitated. Attach additional sheets if necessary.			

14. Have you been denied access by any other federal organization? (*please check one*) ☐ Yes ☐ No If yes, indicate the reason for the denial.
15. List all references that you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship:

VERIFICATION

State of _____)

County of _____)

Under the penalty of perjury, the undersigned has examined this request for review and to the best of my knowledge and belief, it is true, complete, and correct.

_____
Your Signature

_____
Your printed name

_____
Date *(Month, Day, Year)*

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this ____ day of _____, 20 ___.

_____
Notary Public, Written Signature

ACCESS DENIAL WAIVER APPLICATION INSTRUCTIONS

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 3331, 552, 552a; 10 USC 10204; Executive Orders (EO) 10450, 10865, and 12333.

PRINCIPAL PURPOSE: The information requested is for the purpose of granting access to the Fort Lee Installation.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for access to Fort Lee Installation. The Social Security Number (SSN), required for record accuracy, is requested pursuant to EO 9397.

DISCLOSURE: Providing requested information, to include your SSN is voluntary. However, your access may not be granted if all requested information is not provided. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in performance of their official duties. Deliver this document directly to the intended recipient. DO NOT drop off or send to a third-party. This document contains personal or privileged information and should be treated as "For Official Use Only (FOUO)".

Answer all questions fully.

BLOCK 5, Email address: is optional, must be provided if checked “yes”
BLOCK 9, indicate what unit/organization your employer is affiliated with.

Attach additional sheets if needed.

Label the top of each attached page “Access Denial Waiver Application for and your name

Label each answer to reflect area being answered. (i.e. Block 10 continued)

Label the bottom of each attached page “page # of #”

All supporting documents must be certified.

DES FORM 190-4, along with attached pages, must be notarized.

Send completed package by mail to:

Department of the Army
Dukes Welcome Center
ATTN: Dir, DES
500 Lee Ave
Ft. Lee VA, 23801

Or hand deliver completed package in a sealed envelope addressed as above to the Visitor Control Center.