



FORT HUACHUCA INSTALLATION
DIRECTORATE OF EMERGENCY SERVICES
ACCESS DENIAL PACKET



YOU ARE CURRENTLY BEING DENIED ACCESS TO ENTER THE FORT HUACHUCA MILITARY INSTALLATION ON _____ AT _____. BASED ON THE RESULTS FROM YOUR BACKGROUND. THIS BACKGROUND REPORT, WAS PROVIDED TO OUR INSTALLATION, BY THE **NATIONAL CRIME INFORMATION CENTER (NCIC)**.

THE NATIONAL CRIME INFORMATION CENTER IS THE UNITED STATES' CENTRAL DATABASE FOR TRACKING CRIME-RELATED INFORMATION. THE NCIC HAS BEEN AN INFORMATION SHARING TOOL SINCE 1967. IT IS MAINTAINED BY THE CRIMINAL JUSTICE INFORMATION SERVICES DIVISION (CJIS) OF THE FEDERAL BUREAU OF INVESTIGATION (FBI) AND IS INTERLINKED WITH FEDERAL, TRIBAL, STATE, AND LOCAL AGENCIES AND OFFICES.

BASED ON THESE RESULTS AND THE GOOD ORDER AND DISCIPLINE EVALUATION MATRIX GUIDANCE, PROVIDED TO US BY THE DEPARTMENT OF THE ARMY, **YOU MEET ONE OR MORE OF THE BELOW CRITERIAS THAT PRECLUDES YOU FROM ACCESSING THE INSTALLATION.**

Factors that would constitute an access denial:

1. The NCIC III contains criminal arrest information about the individual that causes the Installation Commander to determine that individual presents a potential threat to the good order, discipline, or health and safety on the installation.
2. The installation is unable to verify the individual's claimed identity based on the reasonable belief that the individual has submitted fraudulent information concerning his or her identity in the attempt to gain access.
3. The individual has a current arrest warrant in NCIC, regardless of the offense or violation.
4. The individual is currently barred from entry or access to a federal installation of facility.
5. The individual has been convicted of crimes encompassing sexual assault, armed robbery, rape, child molestation, production or possession of child pornography trafficking in humans, drug possession with the intent to sell or drug distribution.
6. The individual has a US conviction for espionage, sabotage, treason, terrorism or murder.
7. The individual is a registered sex offender.
8. The individual has a felony conviction within the past 10 years, regardless of the offense or violation.
9. The individual has been convicted of a felony firearms or explosives violation.
10. The individual has engaged in acts or activities designed to overthrow the U.S. Government by force.
11. The individual is identified in the Terrorist Screening Database (TSDB) as known to be or suspected of being a terrorist or belonging to an organization with known links to terrorism or support of terrorist activity.

PER THE LAW, WE ARE NOT AT LIBERTY TO DISCUSS THE FINDINGS OF THE BACKGROUND REPORT. HOWEVER, YOU CAN CONTEST THESE RESULTS, IF IN "GOOD CONSCIENCE" YOU FEEL THAT THERE IS/WAS A MISTAKE IN THE RESULTS PROVIDED TO US BY SIMPLY CONTACTING **THE DEPARTMENT OF PUBLIC SAFETY DIVISION (DPS)**, LOCATED AT 222 W. ENCANTO BLVD, PHOENIX, ARIZONA OR BY CALLING THE FOLLOWING NUMBER(S): **(602) 223-2000/2222** FOR ASSISTANCE.

IT IS ADVISED THAT YOU CONTACT THE DEPARTMENT OF PUBLIC SAFETY AS SOON AS POSSIBLE, AS THESE CORRECTIONS MAY TAKE TIME. ONCE CORRECTIONS ARE MADE, PLEASE FOLLOW THE INSTRUCTIONS IN THE ATTACHED "FORT HUACHUCA ACCESS DENIED PACKET." PROVIDE AND SUBMIT ALL CORRECTIONS AND PAPERWORK PER THE INSTRUCTIONS TO OUR VISITOR'S CONTROL CENTER FOR REVIEW AND PROCESSING. THANK YOU.

FORT HUACHUCA VISITOR CONTROL CENTER



DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON- FORT HUACHUCA
2837 BOYD AVENUE
FORT HUACHUCA, ARIZONA 85613-7000

(Date)

(Last Name, First Name, MI.)

(SSN)

You are denied access to Fort Huachuca based on a past criminal record that restricts entry. You are hereby notified that you may not enter the installation or be found within the limits of the United States Military Reservation of Fort Huachuca Arizona.

Should any compelling reasons exist which you believe would be sufficient to justify entry, you should submit a waiver application request outlining in detail the specific reasons thereof, to the United States Army Garrison, ATTN: Provost Marshal, for my consideration.

Access Denial Waiver Packet Process:

a. Obtain a certified copy of the complete criminal history record which must include all arrests and convictions.

b. Submit a letter requesting the specific purpose for unescorted access and the anticipated frequency and duration of such visits. All previous offenses must be listed, along with an explanation why the conduct should not result in denial of access to the installation. Other factors the applicant should address are the:

- Nature and seriousness of the conduct
- Circumstances (in specific) surrounding the conduct
- Length of the time elapsed since the date of conduct
- Age of the individual at the time of the conduct and
- Proof of efforts toward rehabilitation

c. Provide a current physical or email address to enable the Senior Commander or his designated representative to reply with a determination on the waiver request.

As the Senior Commander's designated representative concerning these matters, I will review the waiver application and render a determination that ensures proper protection of good order, discipline, and health and safety on the installation. You will be provided a copy of the final decision and determination.

The final decision and determination will be provided to the installation Directorate of Emergency Services to ensure that applicable access control databases are updated.

Individuals denied a waiver request may request reconsideration one (1) year after the date of the final decision and determination. Individuals may request reconsideration earlier if they can present significant information that was not available at the time of the original request or if it shows that the basis for the original denial was overturned, rescinded or expired.

Sincerely,



Jarrold Moreland
Colonel, U.S. Army
Commanding

Encl.
Waiver Application

Denial Waiver Instructions

Form Approved: By
DES/DASG Ft.
Huachuca, AZ

Instructions

Denial Waiver Application

During the criminal background check, upon requesting access to the installation once is established you meet one or more of the 11 criteria s for denial, you must complete the access denial waiver process to apply for an exception to the rule. The process is started by submitting the physical packet. Once started, the process may take a minimum of 6 weeks. The information collected on this form is used to determine your acceptability for Denial Waiver Request on Fort Huachuca. You will be asked to complete this form prior to submitting your Denial Packet. Follow instructions that the Visitor Control Center and this packet provides.

Below is the link to the documents that must be filled out, and completed before returning them to the VD VCC.

Denial Packets are found at: https://home.army.mil/huachuca/applicaon/files/1416/2137/7689/2021_Denial_Packet.pdf . All portions of the Fort Huachuca Denial Packet must be filled. Any blank areas will be returned to the requestor to complete and resubmit, potentially making the process longer. The Form huachuca Access Request Form, is required to be filled out with the appropriate information in Sections 1, 2, 3, 5 (if applicable), and 6, and must be turned in with the packet.

All your answers must be truthful and complete. **A false statement on any part of this form or attached forms or sheets may be grounds for not granting access to the installation.**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, birthdate, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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. Full Name (Firs/Middle/Last)			
2. Current Address: (Number and street, City, State, and ZIP Code)			
3. Email Address: _____			
- Do you want your decision emailed back to you rather than mailed to you? ____ Yes ____ No			
4. Current Telephone Number:			
Home: (_____)		Work: (_____)	
5. Reason for requesting access to Fort XXX? _____			
6. What Job has Fort XXX Offered you? _____			
7. Does your job require for you to have a clearance? Yes: ____ No: ____			
8/ 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 AND ADDRESS OR COURT AGENCY	DISPOSITION (INCLUDE SENTENCE AND CONVICTION DATE)
9. Attach a copy of all court documents, certified by the clerk of the court, from all your conviction(s).			
10. In your own words, explain the facts of each felony, and why you should be able to come on post, Attach additional sheets if necessary.			
11. Explain any circumstances that lessen the seriousness of the felony conviction(s) and show that you have been rehabilitated. Attach additional sheets if necessary.			

12. Have you been denied access by other federal organizations? YES: _____ NO: _____ If “YES” , Indicate the reason for the denial.			
13. List all the references that you would like the review officer to consider on your behalf. Include name, address, telephone number and relationship.			
NAME (First, Middle, Last)	ADDRESS	PHONE NUMBER	RELATIONSHIP

VERIFICATION

State of _____)

County of _____)

Under the penalty of perjury, the undersigned has explained 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 forgoing instrument as his/her voluntary act and deed.

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

Notary Public Written Signature