

# FORT HUACHUCA ACCESS REQUEST FORM

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

ALL REQUEST MUST BE SUBMITTED IN PERSON TO THE VISITOR CONTROL CENTER

**IMPORTANT REGARDING ACCESS DENIALS:** Please read Section 6 Applicant Attestation

## Section 1. Applicant Information (Failure To Provide All Requested Information May Result In Denied Access)

Please Select One:					
<input type="checkbox"/> US VISITOR	<input type="checkbox"/> CIVIL SERVICE / RETIRED	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> FOREIGN NATIONAL		
<input type="checkbox"/> MILITARY	<input type="checkbox"/> ACTIVE DUTY / DEPENDENT	<input type="checkbox"/> RESERVIST / NATIONAL GUARD	<input type="checkbox"/> RETIRED		
FULL NAME (Last, First, Middle)	DRIVER'S LICENSE NUM./ ST	SOC SEC NUMBER	DATE OF BIRTH >>> (YYYY / MM / DD) <<<		
CURRENT RESIDENT ADDRESS (Include City/ State/ZIP Code)		HOME/ CELL PHONE NO.	WORK PHONE NO.		
SEX	RACE	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
PASSPORT NUMBER:		PASSPORT COUNTRY			

## Section 2. Place of Birth

CITY	STATE (If applicable)	COUNTRY	
U.S. CITIZEN?	If not CITIZEN, U.S. RESIDENT?	LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER	EXPIRATION DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Section 3. Purpose of Visit

Purpose (Specify): \_\_\_\_\_ Location: \_\_\_\_\_  
\* Date(s) of visit Requested// From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Days: \_\_\_\_\_

## Section 4. Military Personnel Information

UNIT NAME (Regiment, Battalion, Company and unit number, etc.)	UNIT PHONE NO. (Unit Leadership)	UNIT LOCATION (Street Name, Bldg. Number if possible)
MOS	JOB DESCRIPTION	

## Section 5. CONTRACTOR/VENDOR INFORMATION (IF APPLICABLE)

The following company/organization is providing either vendor's service or holds a contract with our organization. The individual is required to enter Fort Huachuca, AZ in an official capacity on a regular basis.

COMPANY/ ORGANIZATION NAME	COMPANY/ ORGANIZATION PHONE NO.	JOB DESCRIPTION
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## Section 6. Applicant Attestation

I understand that I must give Fort Huachuca Visitor Control Center (VCC) consent to an initial criminal history and periodic background screenings through the National Crime and Information Center (NCIC) prior to and after the issuance of an installation card/pass by completing the **FORT HUACHUCA ACCESS REQUEST FORM**. Failure to do so will result in 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 visit. I understand (a) criminal offense(s) may be prosecuted in federal court. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willfully false statement on this application can be punished by fine or imprisonment or both (18 U.S.C section 1001). If denied, you may appeal in writing to the Garrison Commander in accordance with the instructions in the access denial packet given by the VCC; ATTN: Physical Security

- I understand that my access may be revoked at any time without reason or notice.
- I understand that I must properly care for my card/pass to prevent damage, or loss.
- I understand that it is prohibited to allow someone else to use my card/pass.
- I understand that my card/pass must be turned in to the VCC once it has expired or further use is not required.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 7. Government Sponsor / Authorizing Information (If Applicable)

Upon termination of contract, employee termination, or expiration of the access credential the Authorizing Official will retrieve the credential from the contractor and return it to buildings 90008/Buffalo Soldier Gate or 90790/Van Deman Gate. The Government Sponsor must complete their portion before it is accepted at the Visitor Control Center (VCC). Being a sponsor you assume all responsibility for your visitor while they are on the installation.

FULL NAME (Last, First, Middle)	OFFICIAL TITLE	ORGANIZATION
WORK PHONE NUMBER	OFFICIAL EMAIL ADDRESS	

THE SPONSOR AGREES TO ACCEPT RESPONSIBILITY FOR THEIR VISITOR(S) WHILE ON THE INSTALLATION:

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 8. Issuing Office (Section Below is for use by Installation Access Control Office Only)

Approved for: 1 Day / 30 Day / 1 Year / Dual Res / Escort req. / WPNS Reg.	Disapproved	DENIAL	WARRANT
FBI # _____			
APPROVING OFFICIAL PRINTED NAME	APPROVING OFFICIAL SIGNATURE	DATE	