

**Joint Base Myer-Henderson Hall
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 (<i>First/Middle/Last</i>)		2. Date of Birth	3. Social Security #
4. Current Address (<i>Number and Street, City, State, and ZIP Code</i>)			
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?			
8. Who is your current employer?			
9. What organization will you be working with/for?			
10. List Your ENTIRE Criminal History (<i>except traffic and other infractions</i>) 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.			

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 Joint Base Myer-Henderson Hall.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for unescorted access to Joint Base Myer-Henderson Hall. 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.

JBM-HH PRB Form 2, along with attached pages, must be

notarized. Send completed package by certified mail to:

Directorate of Emergency Services
ATTN: Waiver Personnel Review Board
Joint Base Myer-Henderson Hall
108 Sheridan Avenue, Bldg #415
Fort Myer, VA 22211-1199

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