Certified Copy Criminal History	Letter from Government Sponsor	Received by:			
Letter from Applicant	Current physical/email address	(Guard)			
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## ACCESS CONTROL BARRED/DENIED ACCESS WAIVER APPLICATION

## <u>WARNING:</u> ANY MISREPRESENTATION OR OMISSION OF INFORMATION MAY RESULT IN DENIAL OF THE REQUEST

ILCOLI III DEIII/IL	<u> </u>				
REQUEST FORM					
Please type or print neatly; Attach additional sheets if necessary					
1. Name (First/Middle/Last)					
2. Current Address (Number and Street, City, State, and ZIP Code)					
3. Email address:					
4. Current Telephone Number					
Home ( ) Work ()					
5. Reason for requesting access to <b>Fort Knox</b> ?					
6. What job has Fort Kno	x offered you?				
7. Does your job require	you to have a clearance?				
8. List Your <b>ENTIRE</b> Crimi	inal History (except traffic o	and other infractions) as fo	ollows:		
CRIME FOR WHICH	CRIME FOR WHICH	NAME & ADDRESS OF	DISPOSITION (INCLUDE		
YOU WERE ARRESTED	YOU WERE CONVICTED	COURT OR AGENCY	SENTENCE AND		
	(OR INDICATE IF		CONVICTION DATE)		
	DISMISSED OR NULL		,		
	PROS.)				
	,				
9. Attach a copy of all court documents, <b>CERTIFIED</b> by the Clerk of the Court, from all of your conviction(s).					
	explain the facts of each fel	onv. and why you should b	pe able to come on post.		
Attach additional sheets	•	,,			
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.					
,					

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12. Have you been denied access by	any other federal organization? ( <i>plea</i>	se circle)
Yes No		
If yes, indicate the reason for th	e denial.	
, 400,	<u> </u>	
13. List all references that you would	d like the review officer to consider or	n your behalf. Include name,
address, telephone number, and rel	ationship:	•
	actionismp:	
	VERIFICATION	
	VERIFICATION	
State of)		
State of		
County of )		
	!	
I In day the group large of manistra	41 4 4 1	.:
	ry, the undersigned has examined the	iis request for review and to
the best of my knowledge and beli	ef, it is true, complete, and correct.	
	Your Signature	
	Your printed name	
	Tour printed name	
	$\overline{\mathbf{D}}$	\
	Date (Month, Day, Year,	')
Before me, the undersigne	d, a Notary Public in and for said C	County and State, personally
appeared	and acknowledged the execu	ution of the foregoing
instrument as his/her voluntary act	and deed.	8 8
•		20
withess, my nand and i	Notarial Seal, this day of	, 20
	Notary Public, Written S	Signature