

**Request for Background Check and Access Credential
(Utilize for Group/Family/Graduation and Special Event access requests)**

Company / Event: _____ Sponsor / COR Name: _____ Phone: _____

Gov. Organization: _____ Contract Number: _____ Start Date: _____ End Date: _____

[illegible]

1. I certify that all information contained on this application has been verified.
2. All individuals contained on this application do not require a DoD Common Access Card (CAC).

Sponsor / COR Signature: _____

DES FORM 190-2, Group Application Instruction

DES Form 190-2 is **utilized** to apply for background checks and issuance of long term access credentials for a group of employees, working for a single company under a single contract. This form **may** also **be** used for group requests **such as** family visits, graduations and special event access requests.

For short term individual submissions use DES Form 190-3

This form is to be used by the COR (Contracting Officer's Representative) or GES (Government Employee Sponsor) for requests performing official business to organizations / tenant activities on Fort Gregg-Adams and for the Sponsor for group family visit, graduation and special event access requests.

DO NOT HAVE THIS FORM PASSED FROM PERSON TO PERSON

This form contains privacy act information, and must be protected.

The COR / GES / Sponsor must collect this information and fill in the form.

The COR / GES / Sponsor must ensure individuals providing the information are aware of the privacy act statement

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 Gregg-Adams Installation.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for access to Fort Gregg-Adams 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)".

It is the COR / GES responsibility to ensure proper notification is given when any person or company is no longer serving in the capacity indicated in the request.

NOTE: Access credentials will be issued for a period not exceeding the lesser of:

- a) 1 year
- b) Expiration of contract
- c) Expiration date of the ID of the individual.
- d) Duration of visit (family, graduation and/or special event)

Submission:

The DES Form 190-2 can be submitted **through** the following two (2) methods:

1. The COR / GES / Sponsor can digitally sign the form and send **request** encrypted from their ".mil" email account.
 - a. Mail to: usarmy.gregg-adams.imcom.list.des-access-control-forms-submissions@army.mil
2. Sign the form and personally hand deliver it.