

**REQUEST FOR A FORT LIBERTY INSTALLATION ACCESS CONTROL BADGE**

**PRIVACY ACT ADVISEMENT:** The information requested is for the purpose of granting access to the Fort Liberty Installation. Providing requested information, to include your social security number (SSN), is voluntary. However, your access may not be granted if all requested information is not provided. **AUTHORITIES:** Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397.

**1. APPLICANT INFORMATION:**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_  
Grade/Rank/Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender    Male    Female    Driver's License # \_\_\_\_\_  
Organization/Unit: \_\_\_\_\_ Organization/Unit Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Relationship to Sponsor: \_\_\_\_\_

**2. REQUESTED BADGE:**      Non-DoD Contractor      Foreign National      Friend Partners of Bragg  
   Vendor      Family Care Provider

Requested Date(s)/Time(s) of Visit: \_\_\_\_\_  
Contract Period (from/to dates) Contractor/Vendor use as applicable: \_\_\_\_\_

**3. JUSTIFICATION FOR BADGE:** \_\_\_\_\_

**4. SPONSOR INFORMATION:**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_  
Grade/Rank/Status: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender    Male    Female    Driver's License # \_\_\_\_\_  
Organization/Unit: \_\_\_\_\_ Organization/Unit Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**5. COMMANDER'S/DIRECTOR'S/FACILITY MANAGER'S CERTIFICATION:**

I certify that the applicant meets the justification requirements as indicated in paragraph 3 above for access privileges. Furthermore, I certify that the applicant requires an access control badge as indicated above in order to perform assigned duties or conduct official business on Fort Liberty.

\_\_\_\_\_  
BDE/BN CDRs, XO/Directors, Deputy Directors/  
Contracting Officer Representative  
**(Invalid if incomplete)**

\_\_\_\_\_  
Printed Name/Rank/Telephone No.  
**(Invalid if incomplete)**

**SECTION BELOW IS FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY**

**6. ISSUING OFFICIAL:**

Approved/Disapproved (circle one) \_\_\_\_\_  
Date: \_\_\_\_\_      Issuing Official Printed Name      Issuing Official Signature