

# REQUEST FOR A FORT LIBERTY INSTALLATION ACCESS CONTROL PASS

**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: \_\_\_\_\_ SSN#/Passport#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender Male Female Driver's License # \_\_\_\_\_ Country of Origin: \_\_\_\_\_  
Organization/Unit: \_\_\_\_\_ Phone Number and Cell #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Relationship to Sponsor: \_\_\_\_\_

## 2. REQUESTED BADGE:

Non-DoD Contractor Foreign National Friend Partners of Liberty  
Vendor Family Care Provider/Au Pair

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

## 3. JUSTIFICATION FOR BADGE/PASS:

## 4. SPONSOR INFORMATION: LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

MIDDLE Initial: \_\_\_\_\_ Grade/Rank/Status: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male Female Driver's License # \_\_\_\_\_ DOD ID # \_\_\_\_\_

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/or pass indicated above in order to perform assigned duties or conduct official business on Fort Liberty.

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

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

E-Mail Address: \_\_\_\_\_  
(Invalid if incomplete)

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

## 6. ISSUING OFFICIAL:

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

Date: \_\_\_\_\_