

Fort Hunter Liggett (FHL) General Access Request Form

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974

Authority: Public Law 110-181, The 2008 National Defense Authorization Act, Section 109.
Principal Purpose: Provide necessary information to determine if applicant meets the installation access requirements in accordance with the U.S. Army Garrison, Fort Hunter Liggett Command Policy # 10-9, Installation Access Procedures for Visitors. Use of Date of Birth, Driver License Number and Social Security Number (SSN) are necessary for positive identification of the applicant in the Department of Justice database.
Routine Use: National Crime Information Center Interstate Identification Index (NCIC-III) criminal history check using the Department of Justice database.
Disclosure is Voluntary: Disclosure of SSN and other information is voluntary. However, applicant's failure to provide requested information will result in a delay or denial of installation access.
Information collected in this form is FOR OFFICIAL USE ONLY. Sponsors will collect the required applicant information individually and not provide applicant access to each other's protected personal information.
See Page 2 for important information concerning this form.

Section 1. Personal Information (Failure to Provide ALL Information May result in Denied Access)

1. Name (As it appears on ID): Last Name:			First Name:			FULL Middle Name:			2. Date of Birth (MM/DD/YYYY):		
3. Driver's License ID Number:		State Issued From:	4. Social Security Number (SSN):			5. Sex:	6. Race:	7. Eye Color:	8. Hair Color:	9. Height:	10. Weight:
11. Place of Birth: City:				State:		Country:					
12. Country of Citizenship (If not U.S. native block 14):				13. Passport Number:							
15. Current Address: House Number & Street:				City:		State:		Zip Code:		16. Home Phone Number:	
17. Company Working For:				18. Company Address (Include City, State, Zip Code):				19. Company Phone Number:			

*Sec 1, block 1 thru 19 to be filled out by applicant (COMPLETELY).

*Sec 2, block 1 thru 11 filled out and **MUST** have authorized sponsors signature in order to be processed/vetted to include a start and end date.

Section 2. Government Sponsor or Contract Representative - Authorizing Information

The Government Sponsor must complete their portion before it is accepted at the Visitor Control Center. The Government Sponsor has overall responsibility for the conduct of the pass holder at all times while they are on the installation. Upon termination of contract, employee termination, or expiration of the access credential the Sponsor will remove the credential from the contractor/visitor and return it to the Visitor Control Center.
The sponsor will also make sure that Section 1 of this form is completely filled out and accurate.

1. Name (Last, First, Middle):		2. Official Title:		3. Organization (Directorate):		4. Work Phone Number:	
5. Official Email Address:				6. Contract Number:			
7. Signature:				8. Date Signed:			
9. Date - Departure Date:				10. Special Hours (Normal Hours Mon - Fri, 0600-1800):			
11. Purpose of Visit:							

Section 3. Approval or Denial (To Be Completed by DES Personnel Only)

Access Granted	Access Denied	Print Name of Person Vetting:		Signature of Person Vetting:		Date:	
CLBTD Message Number:				FBI Number:			

*Section 3 will be vetted and fill out by VCC or Dispatch personnel only.