

Fort George G. Meade Installation Access Request

GOVERNMENT
 RESIDENT
 CONTRACTOR
 VISITOR
 OTHER _____

Applicant's Full Name (Last, First, Middle Name)		Height	Weight	Eye Color	Hair Color
Social Security Number		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's License Number and State		Date of Birth
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Unknown	Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other Specify Below		Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
<input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Workers Authorization Card <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Non U.S. Passport <input type="checkbox"/> N/A Card/Certificate/Passport Number:					

Home Address: _____

Best Phone Number: _____ Work Phone Number: _____

Company Name and Full Address: _____

SPONSOR INFORMATION

Sponsoring Organization/Unit: _____

Sponsors Name(Print):	Sponsors Rank:	Sponsors Status:	Contract Number:
Sponsors Work Phone Number:	Sponsors Home Number:	Expiration Date (MM-DD-YYYY)	
Sponsors Signature: _____	Signature Date:		

Reason access is needed? If more space is needed please continue on additional paper. (Attach any important documents)

FOR INTERNAL USE ONLY

Notes:

<p style="text-align: center;"><u>Directorate of Emergency Services, NCIC Operator</u></p> <p><input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared _____</p>	<p>Date of NCIC Check: (MM-DD-YYYY)</p>
<p style="text-align: center;"><u>Installation Access Control Officer</u></p> <p style="text-align: center;">(DES STAMP)</p> <p><input type="checkbox"/> Access Approved <input type="checkbox"/> Access Denied _____</p> <p style="text-align: center;">(Signature of Access Control Officer)</p>	<p>Date Processed: (MM-DD-YYYY)</p>
<p><input type="checkbox"/> On gate Vetted List/AIE Database</p>	<p>Date Issued: (MM-DD-YYYY)</p>

Badge: One day Pass Badge Expiration Date _____

Data Required By the Privacy Act of 1974
 Authority 5 U.S.C. 301, Dept. Regulations 10 U.S.C. 3013
Principal Purpose(s): In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, this information contained therein may be disclosed outside DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3), AR 340-21, Para 3-2
Disclosure: **VOLUNTARY**, individual may disclose his or her personal information; however, failure to provide your SSN and personal data may delay or preclude access to the installation. (Authorized under AR 190-45, AR 190-5, MDW requirements, and U.S.C. 3013)