## ROCK ISLAND ARSENAL ACCESS REQUEST FORM

VWC	COMPL	.ETE
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	Visitoi	rs are Welcome to Kl	A!	Tracking #	
Purpose: The United States Army Defense or US Government.	requires a criminal reco	rds check be conducted on all	visitors not affiliated wit	th the Department of	
SECTION I - PERSONAL INFORM	ATION	LAST FOUR OF SOCIAL			
NAME (Last, First, Middle Name)		SECURITY #		U.S. CITIZEN	
		DATE OF BIRTH (Month/Day/Year)		Y □ N □	
		( , .	SEX PLAC	CE OF BIRTH:	
DLIONE.	DACE		M   F		
PHONE: F					
HOME ADDRESS/NUMBER AND S	TREET:	CITY	STATE	ZIP CODE	
SECTION II - PURPOSE OF VISIT					
OFFICIAL/COMMERICAL BUSINESS:			RECREA1	FIONAL VISIT	
ARMY CORPS OF ENGINEERS	COMMISSARY/PX	CONTRACTOR	☐ CEMETERY	HISTORIC SITES	
ASC AND CORFS OF ENGINEERS	CREDIT UNION	☐ DELIVERY/PICK-UP	COL DAVENPORT	☐ LOCK & DAM	
☐ FIRST ARMY	☐ FISHING	FAMILY HOUSING	HOUSE	VISITOR CENTER	
☐ JMC	☐ GYM	☐ NEW HIRE	QUARTERS 1		
☐ JMTC	RESERVE CENTER	RIDESHARE	☐ ARSENAL ATTIC		
☐ JMIC	RESERVE CEIVIER	(IE: UBER, TAXI)		☐ OUTDOOR REC	
OTHER:					
SECTION III (For Official/Comme	ercial Business Only)				
GOVERNMENT CONTACT NAME	:		PHONE:		
COMPANY NAME:			PHONE:		
SECTION IV PRIVACY ACT STATE		TORY RECORDS			
I <b>Authorize</b> a representative of the Rock Is criminal history record. I authorize the Roc for making a determination of suitability of information is for OFFICIAL USE ONLY by the further understand that with the signing continuing access to the installation.	land Arsenal, Directorate of Er k Island Arsenal DES, conducti r eligibility for access to Rock I he Rock Island Arsenal for the f this form I authorize addition	mergency Services (DES) to conduct m ng my investigation to disclose the re sland Arsenal. I understand that the in purposes stated and that it may be re nal background checks as may be nee	ecord of my background invest information released by record e-disclosed by the government ded by representatives of the	tigation to the official responsible is custodians and sources of tonly as authorized by law. I	
My information on this form is tru	e, complete, and correct	to the best of my knowledge.			
SIGNATURE OF APPLICANT		DATE:			
This form must be completed and e-mail: usarmy.RIA.imcom.mbx.us			the Visitor Welcome Cer	nter via	
Visitor Welcome Center	FAX: 309-782-	5029			
23 Prospect Dr.	23 Prospect Dr. Phone: 309-782-1337				
Moline, IL 61265 (Outside Moline Gate) Rock Island Arsenal	ŕ	RIA.imcom.mbx.usag-access-r			
	Bring th	is form in person with y	ou.		

SECTION V (To be	completed by DES F	Personnel)		LOCATION	<u>VISITOR TYPE</u>
Time In		Date		☐ VWC	☐ VHIC ☐ CONTRACTOR
Time Out		Length			U.S. VISITOR FOREIGN VISITOR
NCIC Hit	ACCESS GRANTED	ACCESS DENIED	APPEAL Y  PACKET GIVEN	N 🗆	FAMILY DOD
REASON APPEA PACKET NOT GIVE	I				
		DA	SG Print Last Name/Badge	#	
		ACCEPTA	BLE FORMS OF INDENTIFI	CATION	
	Ve	Sta U	tate Issued Driver's License te issued Identification Car United States Passport Inited States Passport Card ntification Card (VHIC) W/Se		
NOTE:					
Arsenal.  2. All personn Interstate I	el requesting access dentification Index (	will be subject to	o Vetting, a records check th m baseline background che	nrough the National Crime	
3. Persons wh	•	curity vetting wil	ractors. I be denied access and may e appeal process can take a	-	_
4. Visitor Weld	ome Center staff ma	y contact their G	overnment POC to verify th	nat access is still required.	
5. All informa		•	·	•	document listed above are
	n of the visitor pass/		nance of good order and dis te removal from the installa		
Installation	•	•	nsibility for the conduct of the liability, the Agent may be	-	while they are on the stallation leaders regarding
8. Pass holder	s will confine thems	elves only to thos	se Areas and Hours related	to issuance.	
	·		d and/or controlled areas ur police or security personn		d to. Be prepared to identify
	s, their possessions, a aries of the military r		iable to search upon entry i	nto and exit from Rock Isla	nd Arsenal and while within
11. Firearms, c	oncealed weapons, a	and other person	al weapons are prohibited.		