



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON ALASKA
1046 MARKS ROAD
FORT WAINWRIGHT, ALASKA 99703-8000

AMIM-AKL-S

MEMORANDUM FOR RECORD

SUBJECT: Access Denial onto Fort Wainwright

1. This is to notify you that while conducting a background check to determine whether you should be allowed access to Fort Wainwright as a visitor, it was discovered you have information and possible indiscretions in your past which prohibits allowing you access.
2. In order for the Garrison Commander to decide to allow you access to the installation, more information is needed regarding your past conduct. The Access Waiver Application gives you the opportunity to state the facts and provide any extenuating or mitigating circumstances you want the Garrison Commander to consider. You are required to provide a certified copy of any criminal history which must include all arrests and convictions from courts or the State Troopers office where your history is, the completed application, and a letter from your probation or parole officer if applicable. You are encouraged to provide witness statements and or letters of reference from other individuals, and any other documents you deem relevant to the Garrison Commander's decision whether to allow you access to the installation. If your waiver packet is denied, you may reapply after one year from date of denial or earlier if you can submit documentation that presents significant information that was not available at the time of the original denial or the basis for the denial has expired, been overturned, or rescinded. The Access Waiver Application must be submitted to the Visitor Center by your Government sponsor to begin processing and contain a letter from that sponsor stating that you are being sponsored for unescorted access for a specific purpose up to 1 yr. or the end of the contract whichever is soonest. Once submitted, the waiver will take up to 30 days to be processed through the installation offices for fitness determination.
3. Please mail your response promptly to the DES-Physical Security, 1046 Marks Road #7230, Fort Wainwright, AK 99703-7230 or deliver it to the Fort Wainwright Visitor Control Center. Once received, your information will be reviewed so that determination by the Garrison Commander or his representative can be accomplished. Once completed you may pick up your determination packet at the Visitor Control Center between 0600-1600 hours M-F, excluding major holidays. The Visitor Control Center phone number is 361-6144.
4. You will be notified of the decision by phone upon completion. Point of contact is the Directorate of Emergency Services, Physical Security Division at 361-2346.


KURT H. BOEHM
LTC, MP
Director of Emergency Services

Encl 1

ACCESS DENIAL ONTO FORT WAINWRIGHT WAIVER APPLICATION

WARNING: ANY MISREPRESENTATION OR OMISSION OF INFORMATION MAY RESULT IN DENIAL OF THE REQUEST

REQUEST FORM			
Please type or print neatly; Attach additional sheets if necessary			
1. Name (<i>First/Middle/Last</i>) Date applied:			
2. Current Address (<i>Number and Street, City, State, and ZIP Code</i>)			
3. Email address: (Do you want your decision emailed back to you rather than mailed to you? ____ Yes)			
4. Current Telephone Number Home () _____ - _____ Work () _____ - _____			
5. Reason for requesting access to Fort Wainwright ?			
6. For what company / government sponsor?			
7. Does your job require you to have a clearance?			
8. List Your ENTIRE Criminal History (<i>except traffic and other infractions</i>) as follows:			
CRIME FOR WHICH YOU WERE ARRESTED	CRIME FOR WHICH YOU WERE CONVICTED (OR INDICATE IF DISMISSED OR NULL PROS.)	NAME & ADDRESS OF COURT OR AGENCY	DISPOSITION (INCLUDE SENTENCE AND CONVICTION DATE)
9. Attach a copy of all court documents, certified by the Clerk of the Court, from all of your conviction(s).			
10. In your own words, explain the facts of each, and why you should be able to come on post. Attach additional sheets if necessary.			

Name of Applicant:
Email:
Date:
11. Explain any circumstances that lessen the seriousness of the conviction(s) and show that you have been rehabilitated. Attach additional sheets if necessary.
12. Have you been denied access by any other federal organization? (<i>please circle</i>)
Yes No
If yes, indicate the reason for the denial.
13. List all references that you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship:
14. A letter from your Probation / Parole Officer if applicable is required with this application.

VERIFICATION

State of _____)

Borough of _____)

Under the penalty of perjury, the undersigned has examined this request for review and to the best of my knowledge and belief, it is true, complete, and correct.

Your Signature

Your printed name

Date (Month, Day, Year)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this ____ day of _____, 20 ____.

Notary Public, Written Signature

Government Representative

Authorization:

Approved _____ Denied _____

Expiration: _____

Name: _____

Signature: _____

Organization: _____

Phone