

**REQUEST FOR A JOINT BASE MYER-HENDERSON HALL
INSTALLATION ACCESS CONTROL PASS – VISITORS**

For use of this form, see JBM-HH Reg 190-16; Proponent is Director of Emergency Services

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Joint Base Myer-Henderson Hall (JBM-HH) 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 10 U.S.C. 3013, Secretary of the Army; AR 190-13, The Army Physical Security Program, and EO 9397.

PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify access applicants to JBM-HH who may have criminal histories or involvements which preclude installation access. Completed forms are used to conduct background records checks for determinations of the eligibility of applicants for access to JBM-HH. Completed forms are covered by official SORNs.

DISCLOSURE: Voluntary. However, failure of the applicant to complete any of the applicant required sections may result in refusal of access to JBM-HH. An applicant's SSN is used to conduct law enforcement record checks and Government data base queries. All information is "For Official Use Only" and will only be released to the JBM-HH Police Department or other authorized agency personnel for the purposes of determining access eligibility and/or enforcing Federal, state, local law or regulations. Information retrieved from law enforcement record checks and Government data base queries will not be disclosed to the applicant IAW National Crime Information Center and Interstate Identification Index laws, user agreements, Army Directive 2014-05 and official guidance.

SECTION I - VISITOR APPLICANT INFORMATION

1. Name (last, first, middle initial):	2. Grade/Rank/Status:
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3. DOB:	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Race:	6. Social Security Number:
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7a. Driver's License or State ID #:	7b. Issuing State or Territory:
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7c. United States or United States Territories Passport Number (if a state driver's license or ID is not available):

8a. Residential Address:

8b. Personal Home Phone:	8c. Personal Cell Phone:	8d. Personal Email:
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9. Relationship to Sponsor (if you do not have a sponsor, write N/A):

10. Are you a U.S. Citizen? Yes No
If you are a U.S. Citizen, please skip questions (a) through (e).

11a. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Visa, Foreign Passport or Official Military Orders allowing travel, work, or residency in the United States? Please indicate what documentation you have and the corresponding alphanumeric number:
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11b.	<input type="checkbox"/> Work Authorization Card (AKA Employment Authorization Card) – Form I-766 <input type="checkbox"/> Permanent Resident Card (AKA Green Card) – Form I-551 List the alphanumeric identifier for your work authorization document:
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11c. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Foreign National Number (FNN)? If yes, list your FNN:
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11d. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an Alien Registration Number (ARN)? If yes, list your ARN:
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11e. If you are a non-U.S. citizen, you must provide all relevant documentation for verification. The Visitor Control Center (VCC) is required to make and retain photocopies of all documentation which allows you to work, reside or visit the United States for the purpose of installation access.

SECTION III - AUTHORIZATION FOR CRIMINAL RECORDS RELEASE:

The data retrieved for installation access vetting is "FOR OFFICIAL USE ONLY" and will be maintained and used in strict confidence in accordance with Federal, state, local laws and regulations. Personnel record screening, utilizing the National Crime Information Center and Interstate Identification Index (NCIC-III), the Virginia Criminal Information Network (VCIN), the Washington Area Law Enforcement System (WALES), the Terrorist Screening Data Base (TSDB), Centralized Police Operations Suite (COPS), Army Law Enforcement Reporting and Tracking System (ALERTS) and Installation Debarment Lists, is a voluntary process. Applicants requesting JBM-HH access are not required to submit to personnel record screening; however person(s) who elect not to authorize the personnel record screening and vetting process will not be granted access to JBM-HH whether escorted or unescorted.

By signing below the applicant asserts the following:

-I certify that, to the best of my knowledge and belief, all of the information on and attached to this Request for Joint Base Myer-Henderson Hall Installation Access Control Pass request, including any attached application materials, is true, correct, complete, and made in good faith.

-I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for the denial of installation access.

-I understand that any information I give may be verified and/or examined for the purpose of determining eligibility for JBM-HH installation access and/or the execution of Federal, state, local laws and regulations.

-I consent to the release of information about my criminal history from law enforcement or criminal justice agencies, law enforcement state or Federal data bases, criminal history record information, Federal installations or properties and other authorized employees or representatives of the Federal Government.

-I understand that my consent is voluntary and I may refuse to give my consent.

-I understand I have the right to refuse authorized representatives of JBM-HH to obtain my criminal history.

-I understand that derogatory results of any such inquiries may result in the denial of installation access and/or the execution of any outstanding legal service or warrant from information obtained through authoritative law enforcement data bases.

-I understand that information released by records custodians and sources of information is for the official use by the Federal Government only for the purposes provided in this form, and may be redisclosed by the Government only as authorized by law. Copies of this authorization that show my signature are as valid as the original release signed by me.

-I assert I understand all of the information stated herein and have requested clarification or explanation of any terms, concepts or procedures which were unclear to me.

-I hereby consent to have my name and provided identifying information vetted utilizing any or all of the following systems: NCIC-III, VCIN, WALES, the TSDB, ALERTS and COPS.

12a. Applicant's Printed Name
(last, first, middle initial):

12b. Applicant's Signature:

12c. Date *(month, day, year):*

SECTION IV – ADDITIONAL CONTRACTOR INFORMATION

13. Applicant Category: *Please place a check beside the description which best describes your contractor category.*

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|------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Foreign National | <input type="checkbox"/> Commercial Delivery |
| <input type="checkbox"/> Non-DoD Affiliated Visitor | <input type="checkbox"/> Taxi/Limo/Uber Driver |
| <input type="checkbox"/> Family Care Provider | <input type="checkbox"/> Event Attendee |
| <input type="checkbox"/> Employee of JBM-HH Resident | <input type="checkbox"/> Moving Company |
| <input type="checkbox"/> Tow Truck Driver | <input type="checkbox"/> DRMWR Member |
| <input type="checkbox"/> Gold Star Family Member | <input type="checkbox"/> Guest of JBM-HH Resident |
| <input type="checkbox"/> Volunteer | |
| <input type="checkbox"/> Foreign Military Member
on Official Orders | |
| <input type="checkbox"/> Other: | |

14. Requested Duration Of Access *(not to exceed one year)* *(Requested Date(s)/Time(s) of Visit):*

15. Justification for Pass:

SECTION V – SPONSOR INFORMATION

16. Name <i>(last, first, middle initial):</i>		17. Grade/Rank/Status:
18. DOB:	19. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	20a. Driver's License or State ID #:
		20b: Issuing State:
20c. United States of United States Territories Passport Number <i>(if a state driver's license or ID is not available):</i>		
21. Organization/Unit <i>(for Active Duty or Civilian DoD Employees Only):</i>		
22a. Work Phone:	22b. Government Email:	

SECTION VI - SPONSOR'S CERTIFICATION

I certify that the applicant meets the justification requirements as indicated in JBM-HH Regulation 190-16, Access Control Policy, for access privileges. Furthermore, I certify that the applicant requires a Visitor Pass as indicated above in order to perform assigned duties, conduct official business or has a valid purpose for JBM-HH access.

23a. Sponsor's Printed Name/Rank/Telephone Number <i>(invalid if incomplete):</i>	23b. Sponsor's Signature <i>(invalid if incomplete):</i>
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SECTIONS BELOW ARE FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

SECTION VII – BACKGROUND CHECK VERIFICATION

24. Background Check Verification:

24a. NCIC-III Check: NCIC-III VCIN WALES

Result: Derogatory Information Found No Derogatory Information Found No Record Match

24b. TSDB Check: No Derogatory Information Found Derogatory Information Found N/A

24c. COPS Check: No Derogatory Information Found Derogatory Information Found N/A

24d. ALERTS Check: No Derogatory Information Found Derogatory Information Found N/A

25. Checks conducted by:

25a. Printed Name (*last, first, middle initial*):

25b. Signature:

25c. Date (*month, day, year*):

SECTION VIII – WAIVER PACKET

26. Does a waiver packet need to be provided to the applicant? Yes No

26a. If yes, was a waiver packet provided to the applicant? Yes No

26b. How was the waiver packet delivered to the applicant?

- In person
- Via email to the sponsor
- Other:
- NA

26c. If a waiver packet was not provided to the applicant or sponsor, please explain why:

27. Official Conducting Section VIII:

27a. Printed Name (*last, first, middle initial*):

27b. Signature:

27c. Date (*month, day, year*):

SECTION IX – PASS INFORMATION

28. Type Of Pass Issued:

- 24 Hour Visitor Pass
- 30 Day Visitor Pass
- 6 Month Visitor Card
- 1 Year Visitor Card
- Other – Please explain type of pass issued and length:

29. Pass Issuance/Validity Date Range:

30. Issuing Official Action: Approved Disapproved

31. Issuing Official:

31a. Printed Name (*last, first, middle initial*):

31b. Signature:

31c. Date (*month, day, year*):

SECTION X – ADDITIONAL INFORMATION

32. Additional Notes (If Required):

33. Disposition: This information will be retained and kept on file for two years.

34. Applicants may receive a copy of this form for personal records retention up to Section VII or the entire form when Section VII and below have not been completed.