REQUEST FOR A FORT RUCKER VISITOR ACCESS CARD (Unsponsored)

PRIVACY ACT STATEMENT

AUTHORITIES: Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397. **PRINCIPAL PURPOSE(s)**: To collect identifying information on non-DoD visitors and contractors requesting unescorted access to the Installation. **ROUTINE USE(S)**: To perform NCIC-III Background Check for Installation Access.

DISCLOSURE: Although disclosure of your SSN is not mandatory, failure to disclose your SSN will prevent the processing of your background check. 1. APPLICANT INFORMATION: Last Name: First Name: Middle Initial: SSN: ______ DOB: _____ Race: _____ Ethnicity: _____ Sex: _____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: _____ Driver's License # _____ State Issuing DL: _____ Phone Number: 2. REASON FOR CARD: ____ Non-DoD Contractor ____ Vendor ____ Family Care Provider ____ Visiting Family/Friends ____ Gold Star Family ____ DFMWR Patron Other: Date(s) for Expected Visit / Length of Contract:_____ Requested Duration: ____ 1-7 Days ____ 8-180 Days ____ Other: _____ 3. JUSTIFICATION FOR CARD: _____ 4. Applicant Certification: I certify the information provided is true and accurate, and I am providing it with the purpose of receiving a Fort Rucker Visitor Access Card to allow access onto Fort Rucker. I understand I must give Fort Rucker Visitor Control Centers consent to conduct a criminal history screening prior to the issuance of a Visitor Access Card. Failure to do so will result in the termination of the application process. I understand that this background screening will determine my eligibility for access and continued access during the term of my visit. I understand that I am required to turn in the card upon expiration or prior to expiration if I no longer require it. If I fail to do so, my access to Fort Rucker may be denied for any and all future requests. I understand my access may be revoked at anytime without reason or notice. I understand it is prohibited to allow someone else to use my Visitor Access Card. Applicant Signature Applicant Printed Name Date SECTION BELOW IS FOR USE BY THE VISITOR CONTROL CENTER OFFICE ONLY 5. ISSUING OFFICIAL: Approved / Disapproved Date of NCIC-III check: Issue Date: _____ Expiration Date: _____

Date

Issuing Official Printed Name Issuing Official Signature