

REQUEST FOR FORT RILEY ACCESS PASS

DATA REQUIRED BY THE PRIVACY ACT OF 1974, TITLE 5, U.S.C. 552a

AUTHORITY: Executive Orders (EO) 10450, 10865, 12333 and 9397. Department of the Army, Army Regulation (AR) 190-13 (Army Physical Security Program), 25 Feb 2011.

PRINCIPAL PURPOSE(S): To provide adequate information in order to either grant or deny access to a Federal installation while maintaining effective law enforcement, force protection, and crime prevention programs.

ROUTINE USES: Information is furnished to criminal justice and law enforcement elements within the Department of Defense for investigation and prosecution when such cases fall within their jurisdiction or concurrent jurisdiction as applicable. The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

DISCLOSURE: Mandatory. Information must be provided for all persons to be granted an Installation Access Pass. Failure to provide complete information on any individual(s) may result in denial of Installation Access Pass.

APPLICANT INFORMATION

1. Last Name, First, MI			2. Social Security Number		3. Date of Birth (mm/dd/yyyy)		
<input type="text"/>			<input type="text"/>		<input type="text"/>		
4. Drivers License #	5. State	6. Gender	7. Height (Ft/in)	8. Weight	9. Eyes	10. Hair	
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. Company/Business				12. Phone			
<input type="text"/>				<input type="text"/>			
13. E-mail Address:							
<input type="text"/>							

By signing this document, I consent to have a National Crime Information Center Interstate Identification Index (NCIC III) conducted on me. I understand that this information is being used to determine my fitness to access the Fort Riley Military Installation and that no information, up to and including the outcome of the NCIC III check, will be furnished to me, my sponsor, or anyone else, at any time. I further understand that this request will allow the NCIC III check to be done, however, I must still appear in person at the Henry Visitor Control Center upon receipt of an email stating that the NCIC III check is completed.

Applicant Signature: _____ Date:

SPONSOR INFORMATION

14. Last Name, First, MI		15. Grade/Rank	16. DoD ID # or SSN (#s only)
<input type="text"/>		<input type="text"/>	<input type="text"/>
17. Date of Birth (mm/dd/yyyy)	18. Unit/Organization (Section, Directorate / Co, BN)		
<input type="text"/>	<input type="text"/>		
19. Unit/Org Phone (#s only)	20. E-mail Address (must be .mil):		
<input type="text"/>	<input type="text"/>		

PASS REQUESTED

21. Applicant Category:	
<input type="radio"/> Contractor <input type="radio"/> Vendor <input type="radio"/> Family Care Provider	
<input type="radio"/> Visitor <input type="radio"/> Official	
22. From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Times / Days of Week (req)	
<input type="text"/>	

23. Justification / Reason:
(include time and location)

By signing this document, I understand that as a Government sponsor for the above applicant, the information I am providing is true and correct to the best of my knowledge, and that the above named person is in fact either personally known to me or I personally know that they have an official military purpose to gain access as a contractor or employee to perform a service. I understand that the information furnished for the applicant is being used to determine the applicant's fitness to access the Fort Riley Military Installation and that no information, up to and including the outcome of the NCIC III check, will be furnished to me, the sponsor, at any time.

Sponsor Signature:

Date:

OFFICE USE ONLY - DO NOT COMPLETE BELOW THIS LINE

24. Approval / Disapproval

- UNESCORTED ESCORTED
- APPROVED DISAPPROVED

FPCON

25. Pass Issued

Expiration

26. Issuing Official

TYPE OR PRINT FULL NAME

SIGN

DATE SIGNED

27. Remarks: