

# REQUEST FOR FORT RILEY ACCESS BADGE

## 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 <input style="width: 95%;" type="text"/>			2. Social Security Number <input style="width: 95%;" type="text"/>		3. Date of Birth (mm/dd/yyyy) <input style="width: 95%;" type="text"/>	
4. Drivers License # <input style="width: 95%;" type="text"/>	5. State <input style="width: 20%;" type="text"/>	6. Gender <input type="radio"/> M <input type="radio"/> F	7. Height (Ft/in) <input style="width: 95%;" type="text"/>	8. Weight <input style="width: 95%;" type="text"/>	9. Eyes <input style="width: 95%;" type="text"/>	10. Hair <input style="width: 95%;" type="text"/>
11. Company/Business/Address <input style="width: 95%;" type="text"/>				12. Phone <input style="width: 95%;" type="text"/>		
13. E-mail Address: <input style="width: 95%;" 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 <input style="width: 95%;" type="text"/>		15. Grade/Rank/Title <input style="width: 95%;" type="text"/>	16. DoD ID # or SSN (#s only) <input style="width: 95%;" type="text"/>
17. Date of Birth (mm/dd/yyyy) <input style="width: 95%;" type="text"/>	18. Unit/Organization (Section, Directorate / Co, BN) <input style="width: 95%;" type="text"/>		
19. Unit/Org Phone (#s only) <input style="width: 95%;" type="text"/>	20. E-mail Address (must be .mil): <input style="width: 95%;" type="text"/>		

### PASS REQUESTED

21. Applicant Category:	<input type="radio"/> Member of Installation Affiliated Organization	<input type="radio"/> Sub-Contractor
<input type="radio"/> Recreational Visitor	<input type="radio"/> Commercial Business (Taxi, Tow-truck, etc.)	<input type="radio"/> Vendor / Food Delivery
<input type="radio"/> Visitor for DoD Member	<input type="radio"/> Commercial Vehicle Delivery	<input type="radio"/> Scholastic Partner
<input type="radio"/> Family Member of DoD Member	<input type="radio"/> Official (Distinguished Visitor)	<input type="radio"/> USD 475
<input type="radio"/> Caregiver	<input type="radio"/> Partnered Contractor	

  

22. DATE: From (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	To (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	TIME: From: <input style="width: 100px;" type="text"/>	To <input style="width: 100px;" type="text"/>
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Times / Days of Week (req):

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

23. Applicant's activities while on the installation: (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. Sponsor Verified:**

- @mail.mil     In person (DoD ID)
- Driver's license     N/A                       Insurance     N/A                       Debarment Roster

**NCIC III:**

- Approved     Denied                      Date:

**NCIC Wants and Warrants:**

- Negative     Derogatory Information                      Date:     SID/FBI #:

**Applicant Notified:**

- @mail.mil     Phone     In person                      Date:

**NCIC Operator:** Print Name  Sign

Date:

**26. Remarks:**