FORT BENNING GEORGIA ACCESS REQUEST FORM

(*THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974*)

CIRCLE ONE: **Long-Term Pass** **Civilian** **Contractor/Partner**

Complete this form and return to your Fort Benning sponsor. A National Crime and Information Center (NCIC) check will be conducted prior to granting access to the installation. By signing this application, you afirm/swear the information provided is true. That a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to Fort Benning, within 24 hours, if you're convicted of any criminal offenses that occur while you have unescorted access authority to Fort Benning

Section I. PERSONAL INFORMATION

1. NAME (Last, First, Middle)	2. DRIVER'S LICENSE #/State	3. Social Security Number	4. DATE OF BIRTH (YYYYMMDD)

5. CURRENT ADDRESS (Include City/State/ZIP Code)	6. HOME PHONE NUMBER	WORK PHONE NUMBER

7. SEX	8. RACE	9. EYE COLOR	10. HAIR COLOR	11. HEIGHT	12. WEIGHT

Section II. PLACE OF BIRTH

1. CITY	**2. STATE** (If applicable)	**3. COUNTRY**

4. U.S. CITIZEN? (If no, answer question 5)	**5. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER, AND EXPIRATION DATE (If applicable)**

Section III. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT

By accepting this pass you give your consent to search of your vehicle while it is entering on, or leaving Fort Benning. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.

_____
Initial

Section IV: ATTESTATION

I attest to the fact that I have been briefed by my sponsor and understand the purpose for the NCIC check. I understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws. Permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access Fort Benning. I have voluntarily completed this form and shall provide the Army a specimen of my fingerprints, if/when requested. I hereby give my consent and authorization for the Army to conduct any additional background screenings deemed necessary over the next 12 months, to include comparing/checking my fingerprints against local, state, and federal criminal databases. I understand (a) criminal offense(s) may be prosecuted in federal court. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willfully false statement on this application can be punished by fine or imprisonment or both (18 U.S.C section 1001).

I understand approvals/denials take 3-5 working days and can be verified by phone by calling the Visitor Center, M-F, 7:30am-5pm (706-544-9103/706-544-9124).

Applicant Signature: _____ Date:_____

Fort Benning Sponsoring Agency name (i.e. 2 CES, AAFES, Base Education Office): _____

ACCESS DENIALS. If denied, you may appeal in writing to the Garrison Commander. If you appeal, you must provide a copy of supporting documentation (i.e. court minutes, expunged records, etc.) that may mitigate your security issues to the Visitor Center at Lindsey Parkway.

Section V. FOR USE BY FORT BENNING SPONSORING ORGANIZATION OR AGENT CARD/VISITOR SPONSOR ONLY

1.) Days of the week and hours requesting authorization to enter Fort Benning. (Circle all that apply)

M. Tu. W. Th. F. Sa. Su.

Dates of pass: _____ **Earliest hour:** _____**AM / PM** **Latest hour:** _____**AM / PM**

Fort Benning sponsoring organization/agency (i.e. 2 CES, AAFES, Base Education Office):

2.) Print contact information of Fort Benning sponsor/base agency representative:

Last Name: _____ **First Name:**_____ **Middle Initial:** ____

Social Security Number _____

Title/Rank:_____ **Phone:**_____ **Email:**_____

_____ _____
Signature **Date**

Completed form signed by Fort Benning sponsor turned in to Visitor Center at Lindsey Parkway Fort Benning Georgia

Section VI. PRIVACY ACT STATEMENT

Authority: 50 USC Section 797; E.O.9397

PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist Access Control personnel in documenting contractor employee suitability for access to Fort Benning. Social security number and date of birth are necessary to identify the person and records. This information may be used to determine suitability of person desiring access to Fort Benning; as well as, for lawful purposes including law enforcement and litigation. This information will be used to generate state and federal criminal history records checks.

INTENDED USE: For all personnel who are not authorized a Common Access Card (CAC) and require regular and frequent access to the installation in performance of their official duties.

DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provided information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Army contract while serving in the capacity of prime contractor or subcontractor/supplier employee.