

**USAG ALC Installation Access Request**

**GOVERNMENT**    **RESIDENT**    **CONTRACTOR**    **VISITOR**    **OTHER** \_\_\_\_\_

|                                                                                                                                                                                                                                                                              |                                                                                                                                       |                                                                                           |                                 |                                                                                                                    |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------|
| Applicant's Full Name (Last, First, Middle Name)                                                                                                                                                                                                                             |                                                                                                                                       | Height                                                                                    | Weight                          | Eye Color                                                                                                          | Hair Color    |
| Social Security Number                                                                                                                                                                                                                                                       |                                                                                                                                       | Sex<br>Male <input type="checkbox"/> Female <input type="checkbox"/>                      | Driver's License Number and St. |                                                                                                                    | Date of Birth |
| Race<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown                                                         | Ethnicity<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not of Hispanic Origin<br><input type="checkbox"/> Unknown | Citizenship<br><input type="checkbox"/> U.S. <input type="checkbox"/> Other Specify Below |                                 | Status<br><input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced |               |
| <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Workers Authorization Card <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Non U.S. Passport <input type="checkbox"/> N/A<br><b>Card/Certificate/Passport Number:</b> |                                                                                                                                       |                                                                                           |                                 |                                                                                                                    |               |

Home Address:

Best Phone Number:

Work Phone Number:

Company Name and Full Address:

**SPONSOR INFORMATION**

Sponsoring Organization/Unit:

Sponsors Name(Print):

Sponsors Rank:

Sponsors Status:

Contract Number:

Sponsors Work Phone Number:

Sponsors Home Number:

Expiration Date (MM-DD-YYYY)

Sponsors Signature: \_\_\_\_\_

Signature Date:

Reason access is needed? If more space is needed please continue on additional paper. (Attach any important documents)

**Reason for access:**

Arrival and Departure Date:

**FOR INTERNAL USE ONLY**

Notes:

Directorate of Emergency Services, NCIC Operator  Cleared    Not Cleared

Date of NCIC Check: (MM-DD-YYYY)

Installation Access Control Officer (DES STAMP)

Date Processed: (MM-DD-YYYY)

Access Approved    Access Denied \_\_\_\_\_  
(Signature of Access Control Officer)

On gate Vetted List/AIE Database Badge:  One day Pass    Badge Expiration Date \_\_\_\_\_

Date Issued: (MM-DD-YYYY)

Data Required By the Privacy Act of 1974

Authority 5 U.S.C. 301, Dept.

Regulations 10 U.S.C. 3013

Principal Purpose(s): In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, this information contained therein may be disclosed outside DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3), AR 340-21, Para 3-2

Disclosure: **VOLUNTARY**, individual may disclose his or her personal information; however, failure to provide your SSN and personal data may delay or preclude access to the installation. (Authorized under AR 190-45, AR 190-5, MDW requirements, and U.S.C.3013)