

APPLICATION FOR ACTIVITY ACCESS

Consent to Criminal History

I hereby acknowledge understanding, that with the voluntary completion of this application, I am requesting access to a Department of Defense (DOD) facility. I hereby authorize Navy Security Force personnel to receive any citizenship and criminal history record information pertaining to me, which may be in the files of any federal, state, or local law enforcement agencies.

Privacy Act Statement

AUTHORITY: Privacy Act of 1974 (5 USC SECTION 552(A)(7)) 41 USC Section 423, 5CFR Section 2635.602, AR 340-21 Title 10 and 37 USC.
PRINCIPAL PURPOSE(S): To enable military security and/or law enforcement personnel to conduct Citizenship and Criminal Background investigations for civilians requesting access to DOD Facilities.
ROUTINE USE(S): To authorize access to DOD Facilities. Information may be reported to federal, state, and local law enforcement agencies with jurisdictional interest.
DISCLOSURE: Voluntary. Failure to provide requested information will result in denial of access to DOD Facilities.

PRINT CLEARLY FOR TIMELY PROCESSING

| | | | |
|------------------------|-----------------------|-------------------------------|-----------------|
| NAME (Last) | First | Middle | Gender |
| Social Security Number | Driver License Number | Driver License State of Issue | PHONE/AREA CODE |

ADDRESS (Home) _____

| | | | |
|---------------|-----------------------|------------------------|------------------------|
| DATE OF BIRTH | PLACE OF BIRTH (City) | PLACE OF BIRTH (State) | COUNTRY OF BIRTH |
| COLOR HAIR: | COLOR EYES: | HEIGHT: | WEIGHT: |
| | | | COUNTRY OF CITIZENSHIP |

I understand that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Have you ever been convicted of a felony? Yes No
 If Yes. How many years since conviction? _____ Years

I attest, under penalty of perjury, that I am (check one of the following): ***

| | |
|--|--|
| <input type="checkbox"/> A citizen of the United States. | |
| <input type="checkbox"/> A Lawful Permanent Resident. | Alien Registration Number- A _____ |
| <input type="checkbox"/> An Alien with Employment Authorization Document (EAD) | Employment Authorization Document Number _____ |

***All Non-Citizen's must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with application. Access to the activity will not be authorized without this information.

Vehicle Information

| | | | | |
|------------------------|------------|--------------------|---------------------------|-------------------|
| Veh. Make | Veh. Model | Veh. Color | License Plate # | State of Issuance |
| Insurance Company Name | | Insurance Policy # | Insurance Expiration Date | |

Reason for Access

| | | | | |
|--|-------------------------------------|---|--------------------------------------|------------|
| Reason for Access? (Check one of the following.) | <input type="checkbox"/> Delivery | <input type="checkbox"/> Vendor | <input type="checkbox"/> Other _____ | |
| | <input type="checkbox"/> Contractor | | | |
| Company/Contractor Name: | Company/Contractor Phone #: | Destination / Area of worksite on activity: | | |
| How long will you need access? (Check on of the following.) | <input type="checkbox"/> 1 Day | <input type="checkbox"/> 1 Week | <input type="checkbox"/> 1 Month | |
| | <input type="checkbox"/> 3-6 Mos. | <input type="checkbox"/> 6-12 Mos | | |
| Point of Contact (POC) Name: | POC's Command: | POC's Phone #: | Pass Request | Start Date |
| End Date | | | | |

I agree to return the badge to the Security Officer upon termination of employment, completion of business transactions or any other reason that may cancel or alter my privilege for entry to the Station. I hereby agree to and certify that the above information and statements are true. I further agree to abide by all rules and regulations of this activity and subject myself and/or vehicle to search or detention for protection of information or property of the U.S. Government.

Signature: _____ Date: _____

Application Processing (For Navy Security Force Personnel Only)

| | | | |
|---------------------------|---|---|---|
| PASS/ID Official Name | Identification Verified | Identification # | Photo Copy Retained <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Activity Pass Information | <input type="checkbox"/> Activity Paper Pass | <input type="checkbox"/> Activity Photo Pass | <input type="checkbox"/> CAC Identification (White) |
| | <input type="checkbox"/> CAC Identification (Green) | <input type="checkbox"/> CAC Identification (Red) | <input type="checkbox"/> Other |
| CNRSE 5200.1 Form 1 | Activity Pass Number | Issue Date | Expiration Date |

REQUEST FOR EMPLOYEE ACCESS

| | | | |
|--|---------|---|-------------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DATE OF REQUEST: |
| ADDRESS (HOME): | | PHONE/AREA CODE: | DATE OF BIRTH: |
| SOCIAL SECURITY NUMBER: | | KIND OF BADGE DESIRED (CHECK ONE) | |
| COLOR HAIR: COLOR EYES: | | COLOR BADGE: | |
| HEIGHT: WEIGHT: | | <input type="checkbox"/> CIVIL SERVICE | <input type="checkbox"/> CONTRACTOR |
| EMPLOYER: | | <input type="checkbox"/> NON-APPROPRIATED FUNDS | |
| EMPLOYER ADDRESS: | | <input type="checkbox"/> OTHER THAN ABOVE (Explain) | |
| PHONE/AREA CODE: | | OCCUPATION OF APPLICANT: | |
| BADGE REQUESTED FOR _____ MONTHS (1YR MAX FOR CONTRACTORS) | | Requested Start Date: _____ | |
| | | Requested Expiration Date: _____ | |

I agree to return the badge to the Security Officer upon termination of employment, completion of business transactions or any other reason that may cancel or alter my privilege for entry to the Station. I hereby agree to and certify that the above information and statements are true. I further agree to abide by all rules and regulations of this activity and subject myself and/or vehicle to search or detention for protection of information or property of the U.S. Government. Please Initial: I am _____ am not _____ a U.S. Citizen.

SIGNATURE OF APPLICANT _____

APPLICANT WILL NOT WRITE BELOW THIS LINE

I agree to report immediately to the Security Pass/ID Section and my immediate supervisor in the event the badge is destroyed, lost or stolen. My supervisor will sign an acknowledgement of loss report before a new badge will be issued. **FOR CONTRACTOR OR NON-APPROPRIATED FUND CONTRACTOR BADGE APPLICATIONS: I HEREBY CERTIFY THAT THE PERSON APPLYING ON THIS FORM IS EITHER A BORN OR NATURALIZED U.S. CITIZEN, PERMANENT RESIDENT ALIEN OR OTHERWISE LEGALLY ALLOWED EMPLOYMENT IN THE U.S.**
 (INITIAL): _____

Prime Contractor Only

| | | | |
|------------------------|--|------------------|--|
| SUPERVISOR'S SIGNATURE | | DATE: | |
| SUPERVISOR'S PRINT | | | |
| COMPANY/ORAGNIZATION: | | PHONE AREA/CODE: | |

GOVT HOST/CONTRACTING OFFICER ENDORSEMENT

From: _____ of _____
 (Activity _____ GOVERNMENT LIAISON / POC) (ORGANIZATION)
 To: (Activity _____) Pass/ID Office Supervisor

- Security Pass/ID Section will issue an Antiterrorism/Force Protection pamphlet upon issuance of the badge.
- In accordance with this application, it is requested that a badge be issued for the purpose and duration indicated.

| | |
|--------------------------|-------------------------------|
| START DATE: _____ | EXPIRATION DATE: _____ |
|--------------------------|-------------------------------|

| | | | |
|-------------------|--|--------|--|
| GOV POC SIGNATURE | | DATE: | |
| RANK AND/OR TITLE | | PHONE: | |

SECURITY PASS / ID OFFICIAL USE ONLY

NOT VALID WITHOUT SECURITY SEAL AND MARK

Pass Issued By: _____ Date of Issue: _____

NOTICE: TITLE 18 USCA Sec. 132. (June 15, 1917,c.30, Title X,Sec.3, 40 Stat. 228) FALSELY MAKING OR FORGING NAVAL, MILITARY, OR OFFICIAL PASS. Whoever shall falsely make, forge, counterfeit, alter, or tamper with any Naval, Military, or Official pass, or permit, issued by or under the authority of the United States, or with wrongful or fraudulent intent shall use, or have in his possession any such pass or permit, or shall personate or falsely represent himself to be or not to be a person to who such pass or permit has been duly issued, or shall willfully allow any other person to have or use pass or permit, issued for his use alone, shall be fined not more than \$2,000 or imprisoned not more than five years, or both.