

INSTRUCTIONS TO OBTAIN AUTHORIZATION TO ENTER MILITARY INSTALLATIONS

Methods to gain entry to military installations vary from location to location. This website tries to keep abreast of any changes or deviations to the procedures to help contractors, representatives, and vendors gain entry. Not all contractors will be eligible for a Common Access Card (CAC) card or to enter military installations.

A. If the contractor employee is (or plans to be) in the Dallas/Ft. Worth (DFW) area, he or she may schedule a time to personally come to HQ by contacting the contracting official or designated POC to setup a fingerprint appointment with EG-FP. The contracted employee will need to bring a completed Exchange Form 3900-006, Background Check for Vendors/Contractors, Attachment 1. While being fingerprinted at HQ, the contracted employees will need to provide two verifiable and recognizable ID credentials prior to meeting with ID personnel. EG-FP will verify information using the Joint Personnel Adjudication System (JPAS). EG-FP will direct members to visit the nearest military installation for CAC issuance after approval in the Trusted Agency Sponsorship System (TASS).

B. Contractor employees that cannot personally come to HQ and need to visit multiple installations or have access to sensitive information should follow the alternate process defined below:

(1) A business letterhead which states the contract number or purchase order (PO)/delivery order (DO) number. Include the Exchange point-of-contact (POC) (Contracting Officer [CO], SBM, AM, or Merchandising Directorate [MD] buyer), the CO's Letter of Invitation and the contractor's Request for Access, including how long access is needed.

(2) A pre-employment background check from the contractor's employer, including a local and national criminal check. If the company has a policy about releasing the actual report, a letter on company letterhead will be accepted. The letter must state the check has been done and give the results.

(3) Personal information for invitation to use the Electronic Questionnaire for Investigations Processing (e-QIP). Complete the following Exchange Forms:

a. Exchange Form 3900-013, e-QIP Request Form, Attachment 2
Optional Form (OF) 306, Declaration for Federal Employment

b. Exchange Form 3900-015, Fair Credit Reporting (FRC) Disclosure and Authorization Form, Attachment 3, if applicable.

NOTE: Full name at birth, social security number, date of birth, place of birth and a valid email address, if requested, are required on these documents.

(4) Contractors are to be fingerprinted at a local police station, on either Live Scan or Standard Form (SF) 87, dated March 2013, Applicant Fingerprint Card.

(5) Completed Exchange Form 3900-006, Background Check for Vendors/Contractors, Attachment 1.

C. Once the contractor's employee information has been added into JPAS and the TASS, EG-FP will issue and mail the CO an official Exchange letter stating this employee has been adjudicated. The individual may then proceed to the nearest military installation to have a CAC issued. The contractor should have two verifiable and recognizable identification credentials prior to meeting ID personnel.

D. The contractor shall insert this contracting clause in all subcontracts when the subcontractor is required to have routine access to a federally-controlled information system.

E. In instances in which all contract/concession work will be performed on one installation, the contractor will be required to submit [Form 3900-006, Background Check for Vendors/Contractors](#) to the Exchange SBM, GM or their designee, who will enter the contractor information into TASS and maintain the database for contractors working for the Exchange.

FOR QUESTIONS: CONTACT THE FORCE PROTECTION OFFICE

Force Protection Team – FPSystemAccess@aafes.com

Pat Daugirda – daugirdap@aafes.com

Marcus Halton – haltonm@aafes.com

Vicky Estes – estesv@aafes.com

3 Attachments:

Form 3900-006

Form 3900-013

Form 3900-015

Army & Air Force Exchange Service (The Exchange) Background Check for Vendors/Contractors

REQUEST FOR FACILITY ACCESS

Consent to Criminal History

I hereby acknowledge that with the voluntary completion of this form, I am requesting access to a Department of Defense (DoD) facility in accordance with HPD-12 credentialing and the Exchange EOP 66.04. I understand that assignments exceeding 6 (six) months require **re-verification** by Force Protection and every 6 (six) months thereafter until my service is no longer required.

Privacy Act Statement

AUTHORITY: 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended. **PRINCIPAL PURPOSES:** To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized for DoD benefits and privileges. To authenticate the identity of the authorizing/verifying official for security or auditing purposes. **ROUTINE USES:** To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas. **DISCLOSURE:** Voluntary, however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits if otherwise authorized.

I. REQUEST TYPE (Select all that apply)

Badge Request <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	System Access Required <input type="checkbox"/> Sensitive/Remote <input type="checkbox"/> Non-Sensitive <input type="checkbox"/> Not Applicable	Badge Expiration Date _____ (dd/mmm/yyyy)
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II. PERSONAL INFORMATION (Print clearly for timely processing)

Name (Last):	First:	Middle:	Gender:
Social Security #:	Driver License State #:	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:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes. How many years since conviction? _____ (Years)			

III. CITIZENSHIP

Non-U.S. Citizens must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with the request. Access to the facility will not be authorized without this information. I attest, under penalty or perjury, that I am (select one):

<input type="checkbox"/> Citizen of the United States	<input type="checkbox"/> Non-U.S. Citizen, indicate # of consecutive years lived in the U.S.: _____ (Years)
<input type="checkbox"/> Lawful Permanent Resident	Alien Registration Number: _____
<input type="checkbox"/> Alien with Employment Authorization Document (EAD) Document # _____	Country of Citizenship: _____

IV. VEHICLE INFORMATION

Veh. Make:	Veh. Model:	Veh. Color:	License Plate #:	State of Issuance:
Contact Phone # at work:		Cell #:	Email Address:	

V. REASON FOR ACCESS

(Select one): Delivery Contractor Vendor Other (Explain) _____

Company/Contractor Name:	Company/Contractor Phone #:	Assignment/Area of Worksite of Activity:
Contract #:	Contract Expiration Date:	Facility #:

(Select one):
 How long will you need access? 1 Day 1 Week 1 Month 3-6 Mos. 6-12 Mos. Other: _____

Point of Contact (POC) Name:	POC's Command:	POC's Phone #:	Onboarding:	Start Date:	End Date:
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I agree to return the assigned badge to the Security Office upon completion of my assignment, termination of employment or any reason that may cancel or alter my privilege to enter this facility. By signing this document, I certify that the above information is true and agree to adhere to the rules and regulations of this facility. I understand that federal law provides for imprisonment and/or fine for false statements or use of false documents in connection with the completion of this form.

Signature: _____ Date: _____

APPLICATION PROCESSING (FP Only)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date Processed: _____ (dd/mmm/yyyy) Force Protection Certifying Official: _____	Date Received: _____ Fingerprints Verification Date: _____	Fingerprint Results: <input type="checkbox"/> No Record <input type="checkbox"/> Record
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**ARMY & AIR FORCE EXCHANGE SERVICE (The Exchange)
QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION**

DISCLOSURE

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

PURPOSE

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

AUTHORIZATION

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print Name

Social Security Number

Signature (*Sign in ink*)

Date (*dd/mmm/yyyy*)

e-QIP REQUEST FORM

(Electronic Questionnaires for Investigations Processing)

Please type or write legibly

Privacy Act Statement

AUTHORITY: Title 10, U.S.C. 3013, Secretary of the Army; Title 10 U.S.C. 8013, Secretary of the Air Force; Army Regulation 215-8/Air Force Instruction 34-211(i) Army and Air Force Exchange Service Operations; Army Regulation 380.37, Personnel Security Program; Air Force Instruction 31-501, Personnel Security Program Management; Department of Defense 5200.2-R, "Personnel Security Program; Air Force Instruction 31-401, Information Security Program Manager; E.O. 12065 and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSES: To assist in the processing of personnel security clearance actions; to record security clearances issued or denied, and to verify for access to classified information or assignment to a sensitive position.

ROUTINE USES: Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at

http://dpcid.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx. Information may be released to Federal agencies based on formal accreditation as specified in official directives, regulations; to Federal, State, Local, and Foreign Law Enforcement, Intelligence, or Security agencies in connection with a lawful investigation under their jurisdiction.

DISCLOSURE - Voluntary, however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits if otherwise authorized.

Ia. EXCHANGE/CONTRACTOR*

Choose One:

Exchange

Contractor

Date of Request: (ex: 25 Jul 2015) _____

Ib. EXCHANGE/CONTRACTOR*

Choose All That Apply:

Non-Sensitive

Sensitive

Remote

II. APPLICANT'S INFORMATION*

(Full Name) Last:	First:	Middle:	Gender: Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Date of Birth: (ex: 25 Jul 2015)	Social Security #: (9 digits only)	Place of Birth: (City, State) or (City, Country, overseas only)	
Work Location (Military Base/HQ Department):		Region:	
Position Title:	Phone #:	Email Address:	
Is job associated with ...? Choose all that apply: <input type="checkbox"/> Childcare <input type="checkbox"/> Deployment <input type="checkbox"/> Firearms <input type="checkbox"/> Other _____			Exchange hire date: (ex: 25 Jul 2015) _____

III. PRIOR MILITARY/FEDERAL CONTRACTOR/FEDERAL AGENCY*

Choose One:

No

Yes

Provide Military/Federal Agency/Federal Contractor (within 24 months) _____

From: (Month/Year) _____

To: (Month/Year) _____

IV. EXCHANGE PERSONNEL ONLY*

Supervisor's Name:	Phone Number/Email:	(Extension #)
Human Resource Manager's Name	Phone Number/Email:	(Extension #)

V. EXCHANGE PERSON OF CONTACT (POC) - CONTRACTORS ONLY*

Exchange POC Name:	Phone #:	Facility # (8-10 Digits):
Contractor's POC Name:	Phone #:	Contract #/PO #:
Contracting Company Name:	Company's POC Email Address:	

(City, State) or (City, Country, overseas only)

VI. REQUIRED DOCUMENTS*

Choose Type of Fingerprint Submission and include: Local Police Report and OF 306. Contractors must provide National Background Check.

Electronic Fingerprints Transmission Date: (ex: 25 JUL 2015) _____

Fingerprint Card (SF87 Rev. March 2013)

Resume/Application

OF 306

Local Police Report

Fair Credit Reporting Disclosure and Authorization

National Background Check (Contractors Only)

FedEx this completed form with the hardcopy fingerprint card and police report to:

Exchange (EG-FP)
3911 S. Walton Walker Blvd.
Dallas, TX 75236-1598

VII. EXCHANGE EG-FP ONLY

Initiator/Reviewer/Approver:	Date: (DD/MM/YYYY)	Status:
Initiator/Reviewer/Approver:	Date: (DD/MM/YYYY)	Status:

Comments:

*(Request will not be processed without the required information and documents).

EXCHANGE FORM 3900-013 (JAN 16)