

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 fines 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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