



NAVAL SEA SYSTEMS COMMAND AND FIELD ACTIVITY VISITOR ACCESS REQUEST

PRIVACY ACT NOTICE: This communication may contain information subject to the provisions of the Privacy Act (P.L. 93-579) or may be business sensitive. This information is intended only for the use of the individual(s) addressee(s) and is to be treated in a confidential manner.

AUTHORITY: 5 U.S.C. §301, Department Regulations; SECNAVINST 5510.30B, DON Personnel Security Program Regulation; OPNAVINST 5530.14D, DON Physical Security and Loss Prevention; and Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons.

PRINCIPLE PURPOSE(S): To maintain all aspects of proper access control; to issue badges; replace lost badges; to retrieve passes upon separation; to maintain visitor statistics; and collect information to adjudicate access.

DISCLOSURE: Voluntary; however, failure to provide this information or misrepresentation, by answers provided, may serve as a basis for denial of an activity security access badge in the interest of National Security.

Notice: Entrance to this building is controlled to ensure that access to information is consistent with the purpose of the visit. Anyone who deviates from their stated purpose for entering this facility is in jeopardy of losing their privileges to enter this facility. Authorized entry is to conduct official business with specific representatives of Naval Sea Systems Command or Field Activity. Violation of that constitutes a Security Violation as described in SECNAVINST 5510.30B, which is reportable to Naval Criminal Investigative Service and/or applicable Adjudication Facility.

VISITOR'S INFORMATION			TODAY'S DATE: _____	
LAST NAME		FIRST NAME		MIDDLE INITIAL
SSN	CITIZENSHIP	AGENCY/COMPANY	TELEPHONE (work or cell)	

I certify that I am entering the Naval Sea Systems Command or Field Activity on **OFFICIAL BUSINESS**. I am here to meet with:

NAME	CODE

Reason for visit: _____

I understand that at the conclusion of this visit, I am to return my visitor badge to the badging office and exit facility spaces immediately. If my business today requires that I visit activity representatives, other than those listed above, I will notify the Badge Office immediately.

Visitor Signature: _____

SECURITY USE ONLY

VISITOR BADGE ISSUED

ESCORT REQUIRED BADGE ISSUED

CLEARANCE OR NAC CHECKED USING (check one) JPAS VISIT REQUEST FOR NON-DOD OTHER: _____

LEVEL OF CLEARANCE VALIDATED (according to JPAS, other): _____

NOTE ANY JPAS ISSUES FOUND DURING CLEARANCE CHECK: _____

IF NO CLEARANCE OR NAC ON FILE, ESCORT IS REQUIRED.

ESCORT'S NAME (print): _____

CODE: _____ PHONE: _____ SIGNATURE (I'm aware of policy): _____