DOD BUILDING PASS APPLICATION (PERMANENT)

OMB No. 0704-0328 OMB approval expires

and inclu Pen a co PL	public reporting burden for this collection maintaining the data needed, and comp uding suggestions for reducing the burden tagon, Washington, DC 20301-1155 (070 illection of information if it does not display EASE DO NOT RETURN YOU WHICH YOU ARE APPLYING	Neting and reviewing the collect n, to the Department of Defens 04-0328). Respondents should y a currently valid OMB control IR FORM TO THE AB	stion of information. S se, Washington Headq be aware that notwiths number.	Send comments requarters Services, I standing any other	garding this burden estin Executive Services Direct provision of law, no perso	nate or any o torate, Inform on shall be sul	other aspe ation Mar bject to ar	act of this col nagement Div ny penalty for	lection of information, vision, 1155 Defense failing to comply with		
			PRIVACY AC	T STATEMEN	NT						
	AUTHORITY: 5 U.S.C. 301; EO 12356; EO 9397.										
	PRINCIPAL PURPOSES: To facilitate verification of background investigations for individuals applying for access to DoD buildings in connection with their official duties.										
	ROUTINE USES: Information	may be furnished to Fe	deral, state, or lo	cal agencies f	or regulatory and la	w enforce	ment p	urposes.			
	DISCLOSURE: Voluntary; how approve requested building pas		requested inform	nation may res	ult in inability to ve	rify essent	ial pers	onal infor	mation and		
1.	NAME OF APPLICANT					IAL SECU	JRITY				
a.	LAST	b. FIRST			c. MIDDLE NUMBER INITIAL			(YYYYMMDD)			
3.	BACKGROUND INVESTIGATI	ON DATA									
		YEAR (1)	MONTH (2)				۲ ۱	YEAR (1)	MONTH (2)		
	BACKGROUND INVESTIGATI COMPLETED	ON			AL AGENCY CHEC AGENCY CHECK ETED	-					
4.	EMPLOYMENT CATEGORY (X one)									
	a. GOVERNMENT	c. CONTRACT	OR	e. DOES TI ESCORT		(1) ESCORT					
	b. FOREIGN	d. PRESS		HIS OR I	one)	(2) NO ESCORT					
5.	BUILDING ACCESS REQUES	TED (X one)									
	a. PENTAGON	c. OTHER (Sp	ecify)		d. ACCESS HOURS (X one)			(1) 24 HOUR ACCESS			
	b. NCR (Complete Item 6) JUSTIFICATION FOR NCR AC			, ,				(2) BUSINESS HOURS ONLY			
7.	PASS INFORMATION										
		b. REASON FOR ISS	SUANCE (X one)								
NEW PASS (YYYYMMDD)		(1) INITIAL ISS	UE		(2) RENEWAL		(3) NA	AME CHA	NGE		
-	AUTHORIZED/REQUESTING										
a. NAME (Last, First, Middle Initial)					ELEPHONE NUMB	ER (Includ	le area	code)			
C.	SIGNATURE					d. D/	ATE SIG	GNED (Y	YYYMMDD)		

DOD BUILDING PASS APPLICATION (TEMPORARY/NCIC REQUEST)

9. NAME OF APPLICANT													
a. LAST					b. FIRST				c. MIDDLE INITIAL				
10. SOCIAL SECURITY NUMBER						11a. DATE OF BIRTH (YYYYMMDD)		D)	b. COUNTRY				
12. F	HYSICAL DESCRIPTIC	N (This data	is rea	lested	for identification r	ourpos	es onlv	, and is not a factor in de	etermini	ina elia	nihility)		
12. PHYSICAL DESCRIPTION (This data is requested for identification purposes only, and is not a factor in determining eligibility.) a. RACE (Mark one or more)													
	(1) AMERICAN INDIAN OR ALASKA NATIVE						(4) HISPANIC OR LATINO				(7) OTHER		
	(2) ASIAN						(5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER						
	(3) BLACK OR AFRICAN AMERICAN						(6) WHITE						
b. S	b. SEX (X one)					c. HEIGHT (Inches)				d. WEIGHT (Pounds)			
	(1) MALE (2) FEMALE												
						ICATE IMMIGRATION NUMBER AND				d. EXPIRATION DATE			
	a. YES b. NO COUNTRY									(YYYYMMDD)			
14. E	ACKGROUND INVEST	IGATION DA	TA		1			1					
				YEAR (1)			MONTH (2)		INITIALS (3)				
a. BACKGROUND INVESTIGATION (BI) INITIATED													
b. NATIONAL AGENCY CHECK (NAC)/ SPECIAL AGENCY CHECK (SAC) INITIATED													
c. BI COMPLETED													
d. NAC/SAC COMPLETED													
e. NCIC COMPLETED													
15. E	MPLOYMENT CATEGO	ORY (X one)											
	a. GOVERNMENT			c. CC	ONTRACTOR	OVATION		e. ACCESS HOURS		(1) 24 HOUR (2) BUSINESS HOURS ONLY			
	b. PRESS			d. PE	ENTAGON RENC			(X one)					
16. E		QUESTED (>	(one)			I							
	a. PENTAGON							HE APPLICANT NEED		(1) ESCORT			
	b. OTHER (Specify)					PERFORM H DUTIES? <i>(X</i>		M HIS OR HER (X one)		(2) NO ESCORT			
	ASS INFORMATION		1										
a. EXPIRATION DATE OF NEW PASS b. REASON FOR ISSUANCE (YYYYMMDD)						E (X or	ne)						
				NITIAL ISSUE		(2) RENEWAL			(3) NAME CHANGE				
	UTHORIZED/REQUES		AL										
a. NAME (Last, First, Middle Initial)							b. TELEPHONE NUMBER (Include area code)				area code)		
c. SIGNATURE									d. DA	TE SI	GNED (YYYYMMDD)		