

DEPARTMENT OF HOMELAND SECURITY  
United States Secret Service  
**U.S. SECRET SERVICE FACILITY ACCESS REQUEST**

**PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM**

**SECTION A - TO BE COMPLETED BY THE U.S. SECRET SERVICE RESPONSIBLE OFFICE**

1. NAME OF USSS RESPONSIBLE OFFICE	2. USSS POINT OF CONTACT ( <i>Last, First, Middle</i> )	3. TELEPHONE NUMBER ( <i>with area code</i> )
4. SITE(S) OR FACILITY(S) TO BE ACCESSED BY REQUESTOR <input type="checkbox"/> 950 H STREET <input type="checkbox"/> TSD <input type="checkbox"/> JJRTC <input type="checkbox"/> V STREET <input type="checkbox"/> SSD <input type="checkbox"/> RDS <input type="checkbox"/> WFO <input type="checkbox"/> 1111 18TH STREET <input type="checkbox"/> OTHER: _____		5. FREQUENCY OF ACCESS REQUIRED ( <i>circle one</i> ) DAILY    WEEKLY    MONTHLY    OTHER
6. POSITION TO BE HELD OR DUTIES TO BE PERFORMED		7. LENGTH OF WORK TO BE PERFORMED, OR DURATION OF ACCESS <input type="checkbox"/> 0 - 3 months <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> 6 - 9 months <input type="checkbox"/> 1 year
8. TYPE OF APPLICANT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DETAILEE/JDA <input type="checkbox"/> GOVERNMENT EMPLOYEE OUTSIDE OF THE SECRET SERVICE <input type="checkbox"/> OTHER: _____ <small>(frequent visitor for official business)</small>		

**SECTION B - TO BE COMPLETED BY APPLICANT**

1. FULL NAME ( <i>last, first, middle</i> )				2. MAIDEN NAME ( <i>if applicable</i> )			
3. OTHER ALIAS ( <i>last, first, middle</i> )				4. SOCIAL SECURITY NUMBER			
5. DATE OF BIRTH ( <i>month/day/year</i> )			6. PLACE OF BIRTH ( <i>city, state, country</i> )			7. DRIVERS LICENSE NO. <b>AND</b> STATE	
8. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	9. RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
10. PRESENT ADDRESS ( <i>street address, city, state, zip code</i> )			LENGTH OF TIME AT THIS ADDRESS _____ Years _____ Months		11. TELEPHONE ( <i>area code, number</i> ) Work: _____ Residence: _____ Cellular: _____		
12. MARITAL STATUS		13. SPOUSE'S NAME AND ADDRESS ( <i>if applicable</i> )					
14. NAME AND ADDRESS OF EMPLOYER ( <i>company/agency</i> )			LENGTH OF TIME YOU WORKED FOR THIS EMPLOYER _____ Years _____ Months		15. NAME OF SUPERVISOR AND TELEPHONE NUMBER ( <i>with area code</i> )		
16. DO YOU HOLD U.S. CITIZENSHIP STATUS? YES ( <i>circle one</i> )    NO				17. IF YOU ARE A U.S. CITIZEN OTHER THAN BY BIRTH, PROVIDE THE FOLLOWING: Naturalization Certificate No.: _____ Date of Issuance: _____			
18. HAVE YOU <b>EVER</b> BEEN ARRESTED, CHARGED, OR INDICTED FOR A CRIME? YES ( <i>circle one</i> )    NO		19. HAVE YOU <b>EVER</b> BEEN CONVICTED OF <b>ANY</b> CRIMINAL OFFENSE? YES ( <i>circle one</i> )    NO		20. ARE THERE <b>ANY</b> PENDING CHARGES AGAINST YOU BEFORE A CIVIL OR CRIMINAL COURT? YES ( <i>circle one</i> )    NO			

**RELEASE STATEMENT - TO BE COMPLETED BY APPLICANT**

This release when presented by a duly authorized representative of the U. S. Secret Service will constitute my consent and authority to obtain any information relating to my activities from criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail businesses, or other sources of information. The information may include my criminal history record information and financial and credit information.

Specifically, I hereby authorize the release of Federal/State/Local Police & Criminal Records or data to the U.S. Secret Service by applying my signature on the designated line below. My signature further authorizes the U.S. Secret Service (or other component of the Department of Homeland Security) to obtain one or more consumer credit reports about me pursuant to the Fair Credit Reporting Act from any consumer credit reporting agency. Copies of this authorization that show my signature are as valid as the original signed by me.

\_\_\_\_\_  
(signature of applicant)

This authorization is given in connection with the investigative procedures being conducted relative to my contractual services with the U.S. Secret Service, and/or access to secure areas occupied by the U.S. Secret Service.

**NOTE: I understand that any false statement on any part of my application may be grounds for denying me access into Secret Service controlled facilities, and/or grounds for prosecution under Title 18 U.S.C. 1001.**

21. SIGNATURE OF APPLICANT	22. DATE
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**INSTRUCTIONS:**

1. Please **TYPE** or **PRINT** clearly with a dark ball point pen.
2. To apply for access into U.S. Secret Service controlled facilities, the applicant **must** complete this form in its entirety. (Failure to properly complete this form can result in delays and/or non admittance into U.S. Secret Service controlled facilities.
3. A representative from the U.S. Secret Service Responsible Office should submit this completed form to the **U.S. Secret Service Security Clearance Division** at least **five** days prior to the anticipated access date.
4. If there are any questions regarding this form, please contact the Security Clearance Division at (202) 406-6658.

**Privacy Act Statement:** All information requested on the Contractor Personnel Access Application and Release Statement is collected under authority derived from 18 U.S.C. 3056 and Executive Order 9397. The routine uses of information requested include referral to other Federal, State and Local agencies for determining suitability for access to secure areas, and/or sensitive, unclassified material of the U.S. Secret Service. Submission of the information is voluntary, however, failure to provide information requested may prohibit processing and cause denial of access to secure areas or sensitive material protected by the U.S. Secret Service. Disclosure of your Social Security Account Number is voluntary. The information is used to identify and separate individuals with similar or identical names or initials. Refusal to disclose your Social Security Number will be no cause for denial of any right, benefit or privilege provided by law.

**PUBLIC BURDEN INFORMATION**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper. Comments and or suggestions concerning the accuracy of this burden estimate and for reducing this burden should be directed to the Secret Service at this address: Communications Center (MNO), 245 Murray Lane, SW, Building T5, Washington, DC 20223; and to the Office of Management and Budget, Paperwork Reduction Project (1620-0002), Washington, DC 20503. An agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection of information displays a valid OMB control number.