

## Background Check for Vendors/Contractors

**Trusted Associate Sponsorship System (formerly CVS Contract Verification System)**  
*This form must be submitted to Exchange CS-FP by the Exchange Contracting Officer only.*

### **AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

### **PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

Responses should be sent to the Exchange CS-FP at 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

### **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://dpcl.d.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.

**Request for Facility Access Instructions  
(Background Check for Vendors/Contractors)  
Form 3900-006**

1. Before continuing, please read the Consent to Criminal History Disclosure Notice and the Privacy Act Statement at the top of page one.
2. **Sections I – V** must be completed when unescorted facility access is being requested for a contracted associate. Any questions relative to what to provide in each section of this form or what attachments should be included when submitting the completed form should be directed to your Exchange Person of Contact (POC) or Resource Manager (RM).
3. Information you provide will be used by an approved Exchange associate for screening purposes for you to gain unescorted facility access at Exchange facilities.
4. Your Resource Manager (RM) must complete **Section 1** by selecting the appropriate request type for system and badge access.
5. You must provide your personal information in **Section II**.
6. You must provide your citizenship information in **Section III**. All non-U.S. citizens must provide an Alien registration number or Employment of Authorization Document (EAD). The original document must be presented at time of fingerprints appointment, (if onsite at Exchange HQ) or prior to actual onboarding scheduled date. This information will be verified by an approved Exchange associate.
7. You must provide your vehicle information if you will be parking on the Exchanged leased property or assigned parking lots in **Section IV**.
8. Your Exchange POC or Resource Manager must provide your reason for access to the Exchange facility in **Section V**.
9. You must read the agreement statement; then sign and date in the space provided in **Section V**.
10. Using the delivery methods provided to you, submit this form to your Exchange POC or Resource Manager (RM).
11. Your Exchange POC or Resource Manager (RM) will provide all other information and submit to the appropriate personnel for facility access approval/denial.
12. Your Resource Manager (RM) or Exchange POC will notify you of the final decision.

**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.

**I. REQUEST TYPE (Select all that apply)**

<b>Badge Request</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	<b>System Access Required</b> <input type="checkbox"/> Sensitive/Remote <input type="checkbox"/> Non-Sensitive <input type="checkbox"/> Not Applicable	<b>Badge Expiration Date</b> _____ (dd/mm/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):

Citizen of the United States    Non-U.S. Citizen, indicate # of consecutive years lived in the U.S.: \_\_\_\_\_ (Years)

Lawful Permanent Resident   Alien Registration Number: \_\_\_\_\_

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 #:			
How long will you need access? <input type="checkbox"/> 1 Day <input type="checkbox"/> 1 Week <input type="checkbox"/> 1 Month <input type="checkbox"/> 3-6 Mos. <input type="checkbox"/> 6-12 Mos. <input type="checkbox"/> Other: _____					
Point of Contact (POC) Name:	POC's Command:	POC's Phone #:	Onboarding:	Start Date:	End Date:

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	Date Received: _____	Fingerprint Results: <input type="checkbox"/> No Record <input type="checkbox"/> Record
<input type="checkbox"/> Not Approved	Fingerprints Verification Date: _____	
Date Processed: _____ (dd/mm/yyyy)		
Force Protection Certifying Official: _____		