

Background Check for Facility Access

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0135, is estimated to average 30 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §7103, “Secretary of the Army”; 10 U.S.C. §9013, “Secretary of the Air Force”; United States Presidential Executive Order (E.O.) 13526, “Classified National Security”; E.O. 10450, “Security Requirements for Government Employment”; Department of Defense Instruction (DoDI) 5200.01, “DoD Information Security Program and Protection of Sensitive Compartmental Information”; DoDI 5200.02, “DoD Personnel Security Program (PSP)”; Army Regulation (AR) 380-67, “Personnel Security Program”; Air Force Instruction (AFI) 31-501, “Personnel Security Program Management”; AFI 31-401, “Information Security Program Management”; AR 215-8/AFI 34-211(I), “Army and Air Force Exchange Service Operations”; 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.

A copy of the **Privacy Impact Assessment (PIA)** for the collection of information may be located at <https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>

SYSTEM OF RECORD NOTICE (SORN): 1703.03, "Personnel Security Clearance Case Files"; <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>

Background Check for Facility Access

This form is used by AAFES Force Protection to facilitate the prescreening of contractors/vendors requiring unescorted access to DoD Component facilities.

Please follow the instructions listed below when completing this form.

1. Please read the Agency Disclosure Notice and Privacy Act Statement on page one prior to completing the document.
2. Please read the Consent to Criminal History Disclosure Notice listed on the top of page two of this form. By providing information on this form, you are acknowledging that you are aware that your facility access will be subject to reverification every six (6) months.
3. **Section I:** No entry required. An AAFES Resource Administrator, (i.e. Contract Official), will complete this section.
4. **Section II:** The applicant must complete this section. Please print your personal information clearly.
5. **Section III:** The applicant must complete this section. Please print your citizenship information clearly. If you are not a United States Citizen, you must indicate how many years you have lived in the United States in the space provided. In addition, you will need to enter either your Alien Registration Number or an Employment of Authorization Document (EAD) Document Number in the spaces provided. Requests submitted for non-US citizens for facility access without this information will be unacceptable.
6. **Section IV:** Applicant must complete this section, if applicable. The applicant must provide all information for a vehicle that will be parked on DoD Component grounds. If more than one vehicle may be frequently parked at the facility, applicant may be requested to provide addendum with same information for any subsequent vehicle.
7. **Section V:** No entry required. An AAFES Resource Administrator, (i.e. Contract Official) will complete this section.
8. **Section VI:** Applicant must sign and date the form. Applicant should read certification agreement **carefully** prior to signing. By signing and dating this form, you are certifying that all information provided is true, agreeing to adhere to all rules and regulations of the DoD Component facility, which you will have access, and acknowledging your understanding that by federal law providing false statements or the use of false documents on this form may result in imprisonment and/or fines.
9. **Section VII:** No entry required. This section is for AAFES Force Protection internal purposes only.
10. Your AAFES Resource Administrator will provide you the results of your request and further directions on when and how to obtain the required security badge for facility access.

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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 HSPD-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) to be completed by Resource Administrator

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

II. PERSONAL INFORMATION (Print clearly for timely processing) to be completed by Applicant

Name (Last):	First:	Middle:	Gender:
Social Security #:	Driver License State #:	Driver License State of Issue:	Phone/Area Code:

Address (Home): _____

Date of Birth: (dd/mmm/yyyy)	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? Yes No If Yes. How many years since conviction? _____ (Years)

III. CITIZENSHIP to be completed by Applicant

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 # _____ Date Entered the United States: (dd/mmm/yyyy) _____

IV. VEHICLE INFORMATION to be completed by Applicant

Veh. Make:	Veh. Model:	Veh. Color:	License Plate #:	State of Issuance:
Contact Phone # at work:	Cell #:		Email Address:	

V. REASON FOR ACCESS to be completed by Resource Administrator

(Select one): Delivery Contractor Vendor Other (Explain) _____

Company/Contractor Name:	Company/Contractor Phone #:	Assignment/Area of Worksite of Activity: (Indicate Floors Required for Access)
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Indicate Business Justification for Access: _____

Contract #:	Contract Expiration Date: (dd/mmm/yyyy)	Facility #:
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(Select one): How long will you need access? 1-3 Months 3-6 Months 6-12 Months Indicate Number of Hours: Less than 40 hours 40 hours

Point of Contact (POC) Name:	POC's Command:	POC's Phone #:	Onboarding: (dd/mmm/yyyy)	Start Date:	End Date:
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VI. APPLICANT CERTIFICATION

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: (dd/mmm/yyyy) _____

VII. APPLICATION PROCESSING (FORCE PROTECTION Only)

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