

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**FACILITY ACCESS REQUEST**

OMB Control Number: 1660-0151  
Expiration: September 30, 2024

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average .17 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency (FEMA), 500 C Street SW, Washington, DC 20472, and Paperwork Reduction Project (1660-0151). **NOTE: Do not send your completed form to this address.**

**PRIVACY ACT STATEMENT**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

**AUTHORITY:** FEMA is authorized to collect the information requested on this form pursuant to 40 U.S.C § 13159 to protect the buildings, grounds, and property owned, occupied, or secured by the Federal Government, and the persons on the property.

**PURPOSE:** FEMA is requesting this information to collect and maintain records related to the Department's facility and perimeter access control, including access to DHS information technology and access to facilities, as well as visitor security and management. FEMA will use this information to support the Department's efforts related to protecting DHS facilities and operating the visitor management program.

**ROUTINE USES:** The information requested on this form may be shared externally as a "routine use" to FBI to assist the Department of Homeland Security in screening FEMA employees requesting access to high security areas and visitors that are not employed by the U.S. Government. A complete list of the routine uses can be found in the system of records notice associated with this form, "Department of Homeland Security FEMA. DHS/ALL-024 Facility and Perimeter Access Control and Visitor Management System of Records, DHS/ALL-023 Personnel Security Management System of Records, DHS/ALL-025 Law Enforcement Authority in Support of the Protection of Property Owned, Occupied, or Secured by the Department of Homeland Security System of Records and DHS/ALL-026 Personal Identity Verification Management System of Records The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information to is voluntary. However, failure to provide this information may result in a denial of access to FEMA facilities.

**INSTRUCTIONS FOR ACCESS TO MOUNT WEATHER EMERGENCY OPERATIONS CENTER (MWEOC) AREA B**

1. **Special care must be taken when filling out this form as information provided on this form may be or become classified through compilation.**
2. Pursuant to CFR 44 Part 15, the FEMA Administrator or MWEOC Executive Administrator must approve all persons and vehicles entering MWEOC.
3. **Approved MW Sponsor: Complete Parts I, II, and III. (TYPE or PRINT-Applicant Signature is not required)**
4. **Agency's Security Officer: Complete Part IV.**
5. **Agency's Continuity Coordinator, Agency's Chief of Staff or higher level official** must sign Part V - AUTHORIZATION
6. The approved MWEOC sponsor must forward the completed form to the MWEOC Area B Access Control Office via:  
Unclassified fax: 540-542-2067  
Unclassified email: FEMA-MW-CAO@FEMA.DHS.GOV  
Secure fax: 540-542-2232  
Secure email: FEMA-MW-ACCESS@GOLD.NET.
7. After Access has been granted all applicants must view the **AREA B Security Briefing video** prior to admittance to MWEOC Area B.
8. For questions regarding this form, please call the Area B MWEOC Access Control office at (540) 542-2081 or contact the MW Mission Partner Liaison at FEMA-MW-PARTNER LIAISON@FEMA.DHS.GOV. **(All blocks contained on this form, unless marked OPTIONAL, must be filled out in order for this form to be processed through the MWEOC Access office.)**

Derived By:

Derived From:

Declassify On:

**Note: Signing this form signifies that I understand that this is a Release of Information (ROI). I understand that any false statement on any part of my application may be grounds for denying me access into Federal Emergency Management Agency Controlled facilities, and/or grounds for prosecution under Title 18 USC 1001.**

**\*\*\*Please ensure to use a cover sheet and password protect or use other approved methods for the protection of the applicant's PII when submitting this form\*\*\***

**PART I - APPLICANT INFORMATION FOR ACCESS TO MWEOC AREA B**

\*\*\*Signing this form is a release of Information (ROI)\*\*\*

FULL NAME OF APPLICANT (Last, First, Middle, and Maiden if applicable)		SOCIAL SECURITY NUMBER	
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH (CITY, STATE, COUNTRY)	EMPLOYER AGENCY/COMPANY	SEX MALE FEMALE
DO YOU HOLD A U.S. CITIZENSHIP STATUS? YES      NO	ARE YOU A NATURALIZED CITIZEN? YES      NO		
IF NO, PROVIDE ALIEN REGISTRATION #	IF YES, PROVIDE NATURALIZATION DATE/ALIEN #		

**PART II - GOVERNMENT SPONSOR INFORMATION**

\*\*\*Signing this form is a release of Information (ROI)\*\*\*

GOVERNMENT SPONSOR(Last, First, Middle)		SPONSOR PROGRAM OFFICE	
BUILDING/ROOM/SUITE ENTRY DOOR TO BE ACCESSED BY APPLICANT (OPTIONAL)**	POC PHONE NO.	LENGTH OF ACCESS REQUIREMENT Start Date _____ End Date _____	
SIGNATURE OF SPONSOR	SPONSOR'S EMAIL	DATE	

**PART III - NEED TO KNOW VERIFICATION**

**NEED TO KNOW\*\***  
The following person has the "NEED TO KNOW" for access to Area B for the following purpose

Permanent Duty	Briefing	Contracted Business	Temporary Duty
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**PART IV - TO BE COMPLETED BY AGENCY'S SECURITY OFFICER**

\*\*\*Signing this form is a release of Information (ROI)\*\*\*

SPONSOR AGENCY SECURITY OFFICER NAME	SIGNATURE	DATE	
INVESTIGATION TYPE	CONTRACT NO. (IF APPLICABLE)	CONTRACT EXPIRATION DATE (IF APPLICABLE)	CURRENT INVESTIGATION ON FILE?
DATE OF INVESTIGATION	INVESTIGATIVE AGENCY	CLEARANCE LEVEL (if applicable)	DATE GRANTED

**PART V - AUTHORIZATION - TO BE COMPLETED BY AGENCY'S CONTINUITY COORDINATOR, AGENCY'S CHIEF OF STAFF OR HIGHER LEVEL OFFICIAL** Based upon the information verified in Parts I, II, III and IV, I certify this applicant has the appropriate clearance and a need to know for access to Area B.  
**\*\*\*Signing this form is a Release of Information (ROI)\*\*\***

AGENCY'S CONTINUITY COORDINATOR OR CHIEF OF STAFF NAME	PHONE NO.
SIGNATURE	DATE

**\*\* Information contained within the below fields may cause this form to become classified:**

Part 1: EMPLOYER AGENCY/COMPANY

Part 2: SPONSOR PROGRAM OFFICE and BUILDING/ROOM/SUITE ENTRY DOOR TO BE ACCESSED BY APPLICANT

Part 3: NEED TO KNOW

**PART VI - SECURITY BRIEFING ACKNOWLEDGEMENT FOR MWEOC AREA B**

**\*\*\*Signing this form is a release of Information (ROI)\*\*\***

I, the undersigned, hereby acknowledge that I have received a security briefing and orientation concerning the nature, protection and procedures to be followed in having access to Area B, Mount Weather Emergency Operations Center, Mount Weather, Virginia I have been advised that discussing classified aspects related to Mount Weather Area B with anyone who does not have the proper security clearance and a valid need-to-know constitutes a security violation. I understand that I will be held responsible if I do not properly protect classified information, which could jeopardize my security clearance and continued access to Mount Weather. The DHS FEMA Security Classification Guide, Mount Weather Annex, should be used as a guideline to ensure protection of information related to Mount Weather. I acknowledge receipt of the Area B security briefing and orientation and fully understand the protection and safeguarding procedures associated with Area B.

PRINTED NAME	SOCIAL SECURITY NUMBER	SIGNATURE

BRIEFING TYPE:            **WITNESS**

**The Area B Briefing and Orientation has been witnessed by the undersigned:**

DVD            VERBAL

_____	_____	_____
PRINTED NAME	SIGNATURE	DATE

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