

Request for Unescorted Installation Access

For use of this form, see FAPH Reg 190-13, "Installation Access" and the "Instructions" page. The proponent agency is DPTMS.

PRIVACY ACT STATEMENT

AUTHORITY: Army Regulation 190-13, "Army Physical Security Program", February 25, 2011; Directive-Type Memorandum 09-012, "Interim Policy Guidance for DoD Physical Access Control", March 19, 2013, Title 18, USC Section 1382

PRINCIPAL PURPOSE: To facilitate vetting, identity proofing and verification of purpose for accessing the installation as required by DTM 09-012 and the check of National Crime Information Center (NCIC) Interstate Identification Index (III) records as required by AR 190-13.

ROUTINE USES: Information will be processed through the National Crime Information Center (NCIC) Interstate Identification Index (III) database to determine criminal history IAW AR 190-13. Personal information for individuals who are authorized to access the installation as a result of this request will be maintained on the installation access roster for the duration of the authorized access period. Personal information for individuals who are denied access to the installation as a result of this request will be maintained on the installation access roster for approximately one year after the submission of the request.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the information may result in the inability to process an individual's request for unescorted access to U.S. Army Garrison, Fort A.P. Hill.

THIS SECTION TO BE COMPLETED BY COMPANY, ORGANIZATION, OR VISITING INDIVIDUAL. PLEASE REVIEW THE "INSTRUCTIONS" PRIOR TO COMPLETING THIS FORM.

<p>CO or ORG*: <input style="width: 250px; height: 15px;" type="text"/></p> <p>CO/ORG Point of Contact*: <input style="width: 150px; height: 15px;" type="text"/></p> <p>Contract #: <input style="width: 150px; height: 15px;" type="text"/></p> <p>CAGE code: <input style="width: 150px; height: 15px;" type="text"/></p>	<p>Dates of Access Request*: <input style="width: 100px; height: 15px; text-align: center; border: 1px solid black;" type="text" value="365 days"/> Through* <input style="width: 100px; height: 15px;" type="text"/></p> <p>Point of Contact Email Address*: <input style="width: 250px; height: 15px;" type="text"/></p> <p>Point of Contact Telephone #*: <input style="width: 250px; height: 15px;" type="text"/></p>
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THIS SECTION TO BE COMPLETED BY GOVERNMENT SPONSOR

<p>Government Sponsor*: <input style="width: 150px; height: 15px;" type="text"/></p> <p>Purpose of Visit*: <input style="width: 150px; height: 15px; text-align: center;" type="text" value="FISHING"/></p>	<p>Sponsor Organization*: <input style="width: 250px; height: 15px;" type="text"/></p> <p>Sponsor Telephone #*: <input style="width: 250px; height: 15px;" type="text"/></p>
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Full Last Name*	Full First Name*	Middle Name	Gender*	Race* (click to select one)	Date of Birth*	SSN #*	State License/ID, U.S. Passport or Resident Alien #*
				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander			
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