

USAG/ALC Installation Access Request
☐ **GOVERNMENT** ☐ **RESIDENT** ☐ **CONTRACTOR** ☐ **VISITOR** ☐ **OTHER** _____

Applicant's Full Name (Last, First, Middle Name)		Height	Weight	Eye Color	Hair Color
Social Security Number	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Driver's License Number and St.		Date of Birth
Race	Ethnicity		Citizenship		Status
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic		<input type="checkbox"/> U.S. <input type="checkbox"/> Other Specify Below		<input type="checkbox"/> Married
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Not of Hispanic Origin				<input type="checkbox"/> Single
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown				<input type="checkbox"/> Divorced
<input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Workers Authorization Card <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Non U.S. Passport <input type="checkbox"/> N/A Card/Certificate/Passport Number:					
Home Address:					
Best Phone Number:			Work Phone Number:		
Company Name and Full Address:					
SPONSOR INFORMATION					
Sponsoring Organization/Unit:					
Sponsors Name(Print):		Sponsors Rank:	Sponsors Status:	Contract Number:	
Sponsors Work Phone Number:		Sponsors Home Number:		Expiration Date (MM-DD-YYYY)	
Sponsors Signature: _____		Signature Date:			
Reason access is needed? If more space is needed please continue on additional paper. (Attach any important documents)					
Reason for access:					
Arrival Date:			Departure Date:		
FOR INTERNAL USE ONLY					
Notes:					
<u>Directorate of Emergency Services, NCIC Operator</u> <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared _____				Date of NCIC Check: (MM-DD-YYYY)	
Installation Access Control Officer (DES STAMP) <input type="checkbox"/> Access Approved <input type="checkbox"/> Access Denied _____ (Signature of Access Control Officer)				Date Processed: (MM-DD-YYYY)	
<input type="checkbox"/> On gate Vetted List/AIE Database Badge: <input type="checkbox"/> One day Pass <input type="checkbox"/> Badge Expiration Date _____				Date Issued: (MM-DD-YYYY)	
Data Required By the Privacy Act of 1974 Authority 5 U.S.C. 301, Dept. Regulations 10 U.S.C. 3013 Principal Purpose(s): In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, this information contained therein may be disclosed outside DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3), AR 340-21, Para 3-2 Disclosure: VOLUNTARY , individual may disclose his or her personal information; however, failure to provide your SSN and personal data may delay or preclude access to the installation. (Authorized under AR 190-45, AR 190-5, MDW requirements, and U.S.C.3013)					

FGGM FORM 191-001-R-E