



Naval Support Activity Bethesda

Security Police Department
 8901 Wisconsin Avenue
 Bethesda, Maryland 20889-5600

Base Access Request

Civil Service Contractor Vendor Construction Visitor Volunteer

Last Name		First Name		Middle Name
Maiden Name (if applicable)			Other Names Used (if applicable)	
Social Security Number	Date of Birth	Driver's License #	State Issued By	
Civil Service enter name of your command		Contractors and vendors enter name of company by which you are employed		
Project			Project End Date	
Project Manager's Name			Phone Number	

Have you ever been arrested or charged with ANY crime? Yes No

If yes, fill in the chart below. Failure to provide proper information may result in denial of access to the NSA Bethesda installation. **If additional space is needed, please use back of this form.**

Date of Arrest	Arresting Agency	Offense(s) Charged	Disposition

By signing below, I understand that my failure or refusal to provide the requested information may lead to my being denied access to the Naval Support Activity Bethesda installation. Additionally, I swear and/or affirm under penalties of perjury that the information stated here is true and accurate to the best of my knowledge.

Print Name	Signature	Date Signed
------------	-----------	-------------

PRIVACY ACT STATEMENT

Authority to request this information is derived from Title 5 United States Code 301, Department Regulations. Use of this form is to obtain basic information for identification and access to the property of the National Naval Medical Center. The information herein is intended solely for the use of the individual or entity to whom it is addressed and others duly authorized to receive or view it. If you are not an authorized recipient, you are hereby notified that any continued viewing, disclosure, duplication, distribution, or reliance upon the contents of this information is strictly prohibited and will be considered unlawful for prosecutorial purposes.

Received in NSA Bethesda Access Control	Date Background Check Ran	Final Disposition Signature _____ Date _____
	Intermediate Instructions and Comments	