

31 Aug 09

MEMORANDUM FOR: 96 MDSS/SGSM

FROM: USAF/OPTOMETRY/SGPE

SUBJECT: Request for Badge/Pass

1. The following individual requires access to Eglin AFB to perform official duties at building 2585, (Cannot be base wide). There duties will include seeing Optometry patients from 31 August 09 until 15 December 09.
2. The individuals listed have been briefed that while on the installation they must comply with all local laws and policies. The failure to comply will result in loss of base access. Each individual understands that they must go to the Security Forces Pass and Registration office to receive their contractor identification badge/pass. They further understand they must have a valid driver license/identification card, proof of current registration and insurance prior while driving on the installation.
3. When first arriving to the installation the following individuals will need : No escort.
4. I understand it is the unit/company responsibility to collect the badges of terminated employees and to collect the badges at the conclusion of the work that was to be accomplished. Further, I understand that we are responsible to turn the badges/passes in to the Security Forces Pass and registration office as soon as all work is complete.

<u>Name of Individual</u>	<u>Days/hrs of access</u>	<u>SSN</u>	<u>Gender</u>	<u>Company</u>
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5. The government sponsor of the following individual(s) is:

RICHARD BAUGH, TSGT
OPTOMETRY NCOIC
96 MDG
883-8611

BAUGH, RICHARD, TSGT, USAF
Sponsor of Base Visitor

Authority: 10 U.S.C.8013, Secretary of the Air Force

Purpose: Used by the Security Police for issuing ID cards. Some organizations may routinely keep copies of the above documentation in order to maintain control over persons authorized entry into certain areas. Accountability documents are used to insure proper control over the various forms utilized in these functions.

Routine Use: In addition to those disclosures generally permitted under 5 U.S.C. 552(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C.552a(b)(3) as follows:

EGLIN AIR FORCE BASE CONTRACTOR ACCESS BADGE AFFIDAVIT

ALTHORITY: Section 3101, Title 44, United States Code, AFI 33-332, 5 USC 552A

PRINCIPAL PURPOSE(S): Used for requesting personal information to assist security personnel in developing records to document contractor employee suitability for access to Eglin Air Force Base, Florida to work under Air Force contracts. The Social Security Number (SSN) and Date of Birth (DOB) are necessary to identify the person and records. This information may be used to determine suitability of persons desiring access to Eglin Air Force Base as well as for other lawful purposes including law enforcement and litigation. **INTENDED USE:** All contractors, subcontractors, unit's or sponsoring activities who have employees not authorized a Common Access Card or security clearance and requires access to Eglin Air Force Base in performance of their official duties, and/or whose contract expires in less than one year. **DISCLOSURE:** Disclosure of requested information is voluntary. Failure to provide information could result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Air Force contract while serving in the capacity of prime contractor or subcontractor/supplier employee.

1	COMPANY NAME/PHONE NUMBER:				
	WORK SITE LOCATION:				
	TYPE OF WORK (EMPLOYEE):				
	DAYS OF THE WEEK AND HOURS REQUESTING AUTHORIZATION TO ENTER EGLIN AFB FOR BUSINESS PURPOSES ONLY: (Circle all that apply)				
	Mon	Tues	Wed	Thurs	Fri Sat Sun
	Earliest entry hour:			Latest entry hour:	
2	LAST NAME (ADD SUFFIX (SR., JR.) :				
3	FIRST NAME:		MIDDLE NAME:		
4	OTHER NAMES ALSO USED (if none, write "NONE")		SOCIAL SECURITY NO:		
5	DATE OF BIRTH (MONTH)	(DAY)	(YEAR)		
6	DRIVER LICENSE NO.:		STATE:		
7	STREET ADDRESS (No P.O. BOXES):			HOME PHONE:	
8	CITY:				
9	STATE:	ZIP:			
10	COUNTRY OF CITIZENSHIP:				
11	RESIDENT ALIEN NO. OR IMMIGRATION DOCUMENT NO. AND DESCRIPTION:				
13	BIRTHPLACE (CITY/STATE/COUNTRY):				
14	MALE:	FEMALE:	RACE:		
15	HAIR COLOR:	EYE COLOR:	HEIGHT:	WEIGHT:	
16	PHYSICAL BODY CHANGES OR TATTOOS:				
17	VEHICLE MAKE:	MODEL:	COLOR:	PLATE#:	STATE:
18	WORK HISTORY ON EGLIN AFB	FROM:	TO:	EMPLOYER:	

The information on this form is being collected in accordance with, federal law permitting the installation commander to limit access to the installation for security reasons (50 U.S.C. Section 797 and DoD Directive 5200.8). This data will be used to screen individuals who have or are seeking access to Eglin Air Force Base, Florida. Failure to provide truthful, complete and accurate responses may be used as a basis to deny entry to Eglin Air Force Base and is also punishable as a criminal offense.

Notice: This affidavit contains privacy act information which must be protected under the Privacy Act of 1974. Disclosure of privacy act information is governed by Title 5 USC Section 552a, Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and applicable service directives.

Please answer each of the following questions by circling the correct answer. The information you provide will be verified through state and federal criminal history record checks.

Can U.S. citizenship, immigration status, or Social Security Account Number be verified?	YES	NO
Have you ever been barred from entry/access to any Federal/military installation or facility?	YES	NO
Are you wanted by federal or civil law enforcement authorities, regardless of offense/violation (i.e., an "order to arrest" has been issued by a judge)?	YES	NO
Have you been incarcerated for 12 months or longer within the past ten years, regardless of offense/violation, unless released on proof of innocence?	YES	NO
Have you ever been convicted of espionage, sabotage, treason, terrorism or murder?	YES	NO
Does your name appear on any federal agency's "watch list" or "hit list" for criminal behavior or terrorist activity?	YES	NO
Are you unable to obtain a favorable National Agency Check w Inquiries (NACI)?	YES	NO
Have you been convicted of firearms or explosives violation within the past ten years?	YES	NO
Have you been convicted of sexual assault, armed assault/robbery, rape, child molestation, drug possession with intent to sell, trafficking in humans, registered sex offender or drug distribution within the past ten years?	YES	NO
Are you an undocumented, non-U.S. citizen (Foreign National)?	YES	NO
Have you ever conspired or attempted to commit any of the criminal acts listed above?	YES	NO

NOTE TO APPLICANT: ATTESTATION

I understand that by signing this application, the information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Further, I understand that under the authority of 50 U.S.C. Section 797 and DoDD 5200.8, the installation commander has imposed a continuing obligation for me to disclose to Eglin Air Force Base, within 24 hours, if I am convicted or found not guilty by reason of insanity of any of the above criminal offenses that occurs while I have unescorted access authority within Eglin Air Force Base. I understand if my access privileges are denied I have the right to appeal the decision. Contact Supervisor, Pass and Registration for guidance.

Applicant Name _____
(Print legibly)

Applicant Signature _____

Date _____

Company Name _____

Company Representative: _____
Printed Name
Signature

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