Request Recurring: Yes / No

PERSONAL DATA QUESTIONNAIRE – (See AR 380-67 for use of this form; proponent is AMSTA-AN-ESP)

						rerm, prepenen	tis ministratin t Est)	
CONTRACTOR COMPANY NAME (Prime)						WORK PHONE		
SUBCONTRACTOR NAME			CONTRACT NUMBER			CONTRACT EXPIRES		
INDIVIDUAL'S NAME (First name, Middle name, Last name) ***NO INITIALS *** SSN								
OTHER NAMES USED (INCLUDE FORMER MARRIED NAMES)						TYPE BADGE/AREA:		
DATE OF BIRTH		LACE	E OF BIRTH			CITIZENSHIP		
MONTH DAY YEAR	CITY COUNTY					STATE		
*** NOTE ***IF YOU WE	E BORN OUTSIDE OF THE UNITED STATES, YOU MUST FURNISH PROOF OF U.S.							
CITIZENSHIP UPON SUBMISSION OF THIS FORM TO THIS INSTALLATION. PROOF OF U.S. CITIZENSHIP								
MUST BE SUBMITTED <u>IN PERSON</u> BY THE INDIVIDUAL, ALONG WITH THIS FORM, TO THE BADGE OFFICE,								
PHYSICAL SECURITY DIVISION, DES.								
PHYSICAL DESCRIPTION	COLOR EYES	COLOR	R HAIR	HEIGHT	WEIGH	Γ SEX	RACE	
DRIVERS LICENSE NO.	STATE OF	ISSUE	OR	STATE IDE	NTIFICA	ΓΙΟΝ NO.	STATE OF ISSUE	
ADDRESSES FOR THE PAST FIVE (5) YEARS, INCLUDING PRESENT ADDRESS: (STREET, CITY, COUNTY, STATE)								
1. 4.								
(County)				(County)				
				5.				
(County) (County)								
				6.				
(County)				(County)				
AUTHORITY: Internal Security Act of 1950 (50 USC 797); Executive Order 9397. PRINCIPAL PURPOSE: To document information necessary for selection, assignment or termination for persons desiring entry to all, or parts, of Anniston Army Depot. ROUTINE USES: The information provided will be furnished to the Directorate of Emergency Services at Anniston Army Depot; to officials within the Department of Defense who have a need for it to perform official business. NATURE OF DISCLOSURE: Disclosure of the requested information is voluntary. Failure to provide the information, however, may result in being denied unescorted access to the installation.								
LEGAL SIGNATURE OF INDIVIDUAL REQUESTING ACCESS:							DATE	
********* CERTIFICATION ************************************								
I certify that the individual named above is, in fact, an employee of the company as listed above. I understand that a knowing and willful false statement can be punished by fine or imprisonment, or both. (U.S. Code, title 18 USC 1001)								
SIGNATURE OF AUTHORIZED PERSONNEL/REPRESENTATIVE							DATE	
DO NOT WRITE BELOW THIS LINE								
DISAPPROVED SIGNATURE OF DISAPPROVING OFFICIAL DATE								
APPROVED NO						NO DRIVIN	O DRIVING PRIVILEGES	
PHOTOGRAPHIC BADGE NON-PHOTOGRAPHIC BADGE – NO ESCOR						Badge Office Issues Letter		
NON-PHOTOGRAPHIC BADGE - ESCORT RESIGNATURE OF APPROVING OFFICIAL:				JIKED			DATE	
SIGNATURE OF ALL ROYING OFFICIAL.							DAIL	