

Installation Access Application
(This Form is Subject to the Privacy Act of 1974)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and E. O. 9397 (SSN)
PRINCIPAL PURPOSE: Used by the security forces for issuing ID cards and restricted of controlled area badges which authorize entry into certain areas. 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 various forms utilized in these functions.
ROUTINE USE: To request and record the issuance of computer generated VAFB Contractor/Visitor Identification Card and to request and record issuance of an Identification credential when the use of another form has not been specified.
DISCLOSURE: Information requested on the form is voluntary. Failure to provide any of the requested information will result in non-issuance of the identification credentials.

I hereby acknowledge receipt of the credentials indicated by my signature below and I am fully aware of my responsibilities pertaining to their use. I will promptly return all credentials when they are not needed for my assigned duties or upon request by proper authority.

NOTICE: While on the installation all personnel and property under their control are subject to search.

To: 71 SFS/VCC	CONTRACTOR/BUSINESS REQUIRING ACCESS	JUSTIFICATION (REASON ACCESS IS NEEDED)
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Contract Number (If applicable):

NAME (Last, First, Middle)	RACE	LAST 6 OF SSN	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
DRIVERS LICENSE/STATE ID NUMBER	STATE	DATE OF BIRTH/STATE (OR COUNTRY OF BIRTH)	CITIZEN (COUNTRY)
HAIR	EYES	HEIGHT	WEIGHT
HOME ADDRESS			PHONE

*****WARNING NOTICE*****

BY PLACING YOUR SIGNATURE ABOVE YOU AGREE:

1. ALL INFORMATION OBTAINED ON THIS FORM WILL BE USED TO CONDUCT A CRIMINAL BACKGROUND CHECK PRIOR TO ISSUANCE OF IDENTIFICATION. _____ (Initials)
2. UPON TERMINATION, REASSIGNMENT, DISCHARGE, OR SEPARATION FOR ANY REASON THE ABOVE EMPLOYEE AND REQUESTING ORGANIZATION AGREES TO RETURN AND SURRENDER THE IDENTIFICATION CARD OR AIR FORCE FORM 75, TEMPORARY VISITOR PASS TO THE 71ST SECURITY FORCES SQUADRON PASS AND ID. _____ (Initials)

*****WARNING NOTICE*****

SIGNATURE OF APPLICANT	DATE SIGNED
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CERTIFICATE OF AUTHORIZED REQUESTING OFFICIAL (i.e., MILITARY/USAF EMPLOYEE/DOD)

I certify that the applicant has an official/authorized need for the credentials requested and has been briefed on its proper use. I will notify Security Forces immediately for proper action when a contractor/visitor refuses to return DBIDS card upon termination, completion, expiration or when person no longer requires access.

NAME/DUTY TITLE	ORGANIZATION/OFFICE SYMBOL OR BUSINESS ADDRESS
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PHONE (WORK)	PHONE (CELL)	SIGNATURE	DATE
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LOCATION OF WORK (CONTRACTOR)

PHYSICAL DESTINATION ADDRESS (LONG TERM VISITOR)

DAYS AND TIMES AUTHORIZED:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

ISSUE DATE:	SECURITY FORCES USE ONLY
ISSUED BY:	
CARD EXPIRATION:	FPCON:
REVIEWED/APPROVED BY:	