

SECURITY PROCEDURES SUPPLEMENT

The Security Procedures Supplement contains the explanation, direction and processes required by Security Forces for Contractor access to Air Force installations. The following documents are included:

1. Notification of Contract Procedures
2. Example of Notification of Contract Letter
3. Example of Reissue of Base Identification Letter
4. Example of Contractor's Additional Employees List Letter
5. Example of Termination of Employment Letter
6. Example of Appointment/Termination Record - Signature Card (Wright-Patterson AFB Form 1402)
7. Blank Appointment/Termination Record - Signature Card (Wright-Patterson AFB Form 1402)
8. Example of Application for WPAFB Identification Card (Wright-Patterson AFB Form 1440)
9. Blank Application for WPAFB Identification Card (Wright-Patterson AFB Form 1440)

Failure to follow the procedures and processes outlined in the Security Procedures Supplement will result in delays in Contractors gaining access to the base.



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 88TH AIR BASE WING (AFMC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO

MEMORANDUM FOR: CONTRACTORS AND CONTRACTING OFFICERS

FROM: 88 SFS/S3R (PASS AND REGISTRATION)

SUBJECT: NOTIFICATION OF CONTRACT PROCEDURES

NEW CONTRACT/OPTIONS/EXTENSION

Step 1 – Notification of Contract Letter

All contractors receiving WPAFB or US government-approved contracts, contract renewals or contract extensions must submit a "Notification of Contract" on company letter head signed by a company principal or designated agent, from the prime contractor and the base contracting officer containing the following information:

1. Installation specific contract number
2. Location of worksite(s) on base: Area(s) and Bldg#(s), the times & days of the week and the FPCON Level (A,B or C) the contractors will need to have to access the installation
3. Minimum of one Authorized Signer a maximum of two - each of whom must be Principals and/or designated agents of the company - who will be able to sign for temporary passes for up to 30 days only.
4. Last names, First names, DOB, DL# and State the DL was issued (in alphabetical order) of all prime contractors and subcontractors performing work under the specific contract needing access to the installation for more than 30 days or for a second or more consecutive 30 day requests
5. The "Notification of Contract" or "Additional Employee List" letter (in alphabetical order) on company letterhead signed by a company principal or designated agent and the base contracting officer must be submitted to the 88SFS/S3R at least 48hrs prior (two (2) complete duty days) to the issuance of base identification or pass.
6. Only four (4) additions are authorized to the contract without producing a new Notification of Contract Letter

The Base Contracting Officer will approve this letter with original and official endorsement. The letter will then be hand carried to 88 SFS/S3R. "Notification of contracts", "Additional Employee List" or "Notification of Cement, Concrete & Asphalt Deliveries" will not be accepted without original, "wet" signatures. No faxes, copies or scans of any type will be accepted (Blue ink maybe used for signatures).

Step 2 – WPAFB Form 1440 Request for Base Identification

Contractors must provide Pass & Registration with a correct and completed WPAFB Form 1440 certified by the Certified Requesting Official with the following information and will not be accepted without original, "wet" signatures:

1. Address to 88 SFS/S3R Wright-Patterson AFB, OH 45433
2. Prime contractor company name, address and phone number
3. Subcontractor's name, address and phone number (if applicable)
4. Complete all personal information to include full SSN or as stated on state identification or DoD ID Number.
5. Installation specific contract number the individual is working on
6. The Certified Requesting Official will enter a contract number, card expiration date (no longer than three years), Days, Times, Area(s) and FPCON level. The form must be correct and fully completed prior to arriving at Pass & Registration or will result in denial of credential issuance.
7. The WPAFB form 1440 will only be valid for 30 days from the date signed by the Certified Requesting Official. No faxes, copies or scans allowed (Blue ink maybe used for signatures).

Important! The Certifying Requesting Official must have a WPAFB Form 1402 (Signature Card) with an original "wet" signature on file with 88 SFS/S3R Pass& Registration. The Certifying Requesting Official will either be a US Government Contracting Officer, US Government official (DoD Civilian or Active Duty Military) or a US Government Contracting Officer's representative overseeing the contract. These are the only individuals able to sign the WPAFB Form 1440 and the individuals who sign the WPAFB Form 1440 will be responsible for all actions of the contractors that they sign for while working on WPAFB. Please call Pass and Registration ahead of time to check for policy/regulation changes or updates. The phone number to Pass and Registration is 257-3955. No faxes, scans or copies allowed.

COMPANY LETTER HEAD

To: 88 SFS/S3R (Pass and Registration Office)
4185 Logistics Avenue
Wright-Patterson AFB, OH 45433-5737

Subject: **Notification of Contract**
Reference: Base Specific Contract # XXXXXXX-XX-X-XXXX

Company name has been awarded contract # XXXXXXX-XX-X-XXXX. The contract period of performance is XX/XXX/.XXXX through XX/XX/XXXX **excluding options years**. The operating duty days of the week will be from XXX through XXX and operating duty times will be from XXXX hrs through XXXX hrs. The Contractors shall perform all support and services under this contract at location(s) (Bldg. #s) in Area(s) XXXXX. The **FPCON Level** on which the contractors will perform work on the installation will be XXXXX

The following employees (in alphabetical order) will be working on-site in support of the referenced order:

Employee A (Last Name, First Name, MI., DOB, DL# and State)
Employee B (Last Name, First Name, MI., DOB, DL# and State)
Employee C (Last Name, First Name, MI., DOB, DL# and State)
Employee D (independent consultant for primary contractor) (Last Name, First Name, MI., DOB, DL# and State)

Subcontractor's employees (in alphabetical order) of Company XXXX

Employee A (Last Name, First Name, MI., DOB, DL# and State)
Employee B (Last Name, First Name, MI., DOB, DL# and State)
Employee C (Last Name, First Name, MI., DOB, DL# and State)
Employee D (independent consultant for subcontractor) (Last Name, First Name, MI., DOB, DL# and State)

The following employee(s) will be point of contact and will be the "Authorized Signer(s)" who must be principals and/or agents from the **PRIME CONTRACTOR ONLY** (for contract # XXXXXXX-XX-X-XXXX). "Authorized Signers" will ensure all employees of the prime contractor, sub-contractor and all day labors working on this contract will be citizens of the United States or have the USCIS issued Permanent Resident Card (Form I-551) with them at all times. **If compliance is not met the "Authorized Signer" will lose their status.**

Employee A (Last Name, First Name, MI., DOB, DL# and State) sig. _____
Employee B (Last Name, First Name, MI., DOB, DL# and State) sig. _____

Please contact me with any questions at (XXX) XXX-XXXX.

Sincerely,

sig. _____
John Doe (must be principal or agent)
Company name / Title, Phone Number

sig. _____
(Print or stamp) Contracting Officer Signature Block
Squadron / Office Symbol, Phone Number

COMPANY LETTER HEAD

To: 88 SFS/S3R (Pass and Registration Office)
4185 Logistics Avenue
Wright-Patterson AFB, OH 45433-5737

Subject: **Reissue of Base Identification**

Reference: Base Specific Contract # XXXXXXX-XX-X-XXXX

The following employee has **misplaced / lost** their identification or their identification is unserviceable and requires a **replacement**. If the original identification is found, it will be returned to 88 SFS/S5SP office with appropriate paperwork for destruction.

The following employees (in alphabetical order) will be working on-site in support of the referenced order:

Employee A (Last Name, First Name, MI., DOB, DL# and State)

Employee B (Last Name, First Name, MI., DOB, DL# and State)

Employee C (Last Name, First Name, MI., DOB, DL# and State)

Employee D (independent consultant for primary contractor) (Last Name, First Name, MI., DOB, DL# and State)

Subcontractor's employees (in alphabetical order) of Company XXX

Employee A (Last Name, First Name, MI., DOB, DL# and State)

Employee B (Last Name, First Name, MI., DOB, DL# and State)

Employee C (Last Name, First Name, MI., DOB, DL# and State)

Employee D (independent consultant for subcontractor) (Last Name, First Name, MI., DOB, DL# and State)

This letter along with a new, completed WPAFB Form 1440 will accompany the individual who misplaced/lost their base identification card for replacement.

Please contact me with any questions at (XXX) XXX-XXXX

Sincerely,

John Doe (must be principal or agent)

Company name and title

Sig. _____

John Q. Smith

WPAFB Contracting Officer

Sig. _____

COMPANY LETTER HEAD

To: 88 SFS/S3R (Pass and Registration Office)
4185 Logistics Avenue
Wright-Patterson AFB, OH 45433-5737

Subject: **Contractor's Additional Employees List**
Reference: Base Specific Contract # XXXXXXX-XX-X-XXXX

The following employees (in alphabetical order) will be working on-site in support of the referenced order:

Employee A (Last Name, First Name, MI., DOB, DL# and State)
Employee B (Last Name, First Name, MI., DOB, DL# and State)
Employee C (Last Name, First Name, MI., DOB, DL# and State)
Employee D (independent consultant for primary contractor) (Last Name, First Name, MI., DOB, DL# and State)

Subcontractor's employees (in alphabetical order) of Company XXX

Employee A (Last Name, First Name, MI., DOB, DL# and State)
Employee B (Last Name, First Name, MI., DOB, DL# and State)
Employee C (Last Name, First Name, MI., DOB, DL# and State)
Employee D (independent consultant for subcontractor) (Last Name, First Name, MI., DOB, DL# and State)

The **PRIME CONTRACTOR will** ensure all employees of the prime contractor, sub-contractor and all day labors working on this contract will be citizens of the United States or have the USCIS issued Permanent Resident Card (Form I-551) with them at all times.

Please contact me with any questions at (XXX) XXX-XXXX

Sincerely,

John Doe (must be principal or agent)
Company name and title

Contracting Officer Signature Block
Squadron / Office Symbol, Phone Number

COMPANY LETTER HEAD

To: 88 SFS/S3R (Pass and Registration Office)
4185 Logistics Avenue
Wright-Patterson AFB, OH 45433-5737

Subject: **Termination of Employment**

Reference: Base Specific Contract # XXXXXXX-XX-X-XXXX

The following identification and vehicle passes / decals are being returned for destruction due to termination of employment.

The following employees (in alphabetical order) will be working on-site in support of the referenced order:

Employee A (Last Name, First Name, MI., DOB, DL# and State)

Employee B

ID card /Visitor's Pass# XXXXXXXXXX (Employee's Name) is retired government worker
whose vehicle is not registered under this contract

Subcontractor's employees of Company XXXXXXX

The following employees (in alphabetical order) will be working on-site in support of the referenced order:

Employee A (Last Name, First Name, MI., DOB, DL# and State)

Employee B

ID card/Visitor's Pass# XXXXXXXXXX (Employee's Name) is retired government worker
whose vehicle is not registered under this contract

Please contact me with any questions at (XXX) XXX-XXXX

Sincerely,

John Doe (must be principal or agent)
Company name and title

Contracting Officer Signature Block
Squadron / Office Symbol, Phone Number

APPOINTMENT/TERMINATION RECORD - SIGNATURE CARD**Read Privacy Act Statement and Instructions before completing form.****PRIVACY ACT STATEMENT**

AUTHORITY: Powers and duties, delegated by 10 U.S.C, 8013, Secretary of the Air Force and E.O. 9397 (SSN).

PRINCIPAL PURPOSES: To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents. Badge records are used to record building/area entry credential information including information on the loss of theft of these credentials. Used by the security police for issuing ID cards and these restricted or 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 the various forms utilized in these functions.

ROUTINE USE(S): In addition to those disclosure generally permitted under 5 U.S.C., 55a(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: The Blanket Routine Uses published at the beginning of the Air Force's compilation of systems of records notices apply.

DISCLOSURE: Voluntary, however, failure to provide the requested information may preclude appointment.

SECTION I**COMMANDER/APPOINTING AUTHORITY**1. NAME (*First, MI, Last*)

CLAUSE, SANTA A.

2. TITLE

COMMANDER

3. ORGANIZATION

25AW/CC

4. DATE (*YYYYMMDD*)

00001225

5. SIGNATURE

SECTION II**APPOINTEE**6. NAME (*First, MI, Last*)

JOHN A. SMITH

7. TITLE

CONT. OFFICER

8. ORGANIZATION

25AW/XP

9. PHONE (*include Area Code*)

(937) 000-0000

10. ADDRESS (*include zip code*)

123 FIRST STREET NPAFB, NORTH POLE

11. EFFECTIVE DATE OF APPOINTMENT (*YYYYMMDD*)

20080408

12. POSITION APPOINTED (*check one*)☐

CERTIFYING OFFICER

☐

ACCOUNTABLE OFFICIAL

☒OTHER (*Specify*) BOTH

13. YOU ARE HEREBY APPOINTED TO SERVE THE CAPACITY/POSITION SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE?

CERTIFYING REQUESTING OFFICIAL FOR THE WPAFB FORM 1440

14. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED.

(LEAVE BLANK)

SECTION III**ACKNOWLEDGEMENT OF APPOINTMENT**

I ACKNOWLEDGE AND ACCEPT THE POSITION AND RESPONSIBILITIES DEFINED ABOVE. I CERTIFY THAT MY OFFICIAL SIGNATURE IS SHOWN IN THE BOX BELOW.

15. NAME (*First, MI, Last*)

JOHN A. SMITH

16. SIGNATURE

SECTION IV**TERMINATION OF APPOINTMENT**☐

THE APPOINTMENT OF THE INDIVIDUAL NAMED ABOVE IS REVOKED

17. EFFECTIVE DATE (*YYYYMMDD*)

18. APPOINTEE INITIALS

19. NAME OF COMMANDER/APPOINTING AUTHORITY

7. TITLE

21. SIGNATURE

APPOINTMENT/TERMINATION RECORD - SIGNATURE CARD**Read Privacy Act Statement and Instructions Before Completing Form.****PRIVACY ACT STATEMENT**

AUTHORITY: Powers and duties, delegated by 10 U.S.C, 8013, Secretary of the Air Force and E.O. 9397 (SSN).

PRINCIPAL PURPOSES: To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents. Badge records are used to record building/area entry credential information including information on the loss of theft of these credentials. Used by the security police for issuing ID cards and these restricted or 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 the various forms utilized in these functions.

ROUTINE USE(S): In addition to those disclosure generally permitted under 5 U.S.C., 55a(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: The Blanket Routine Uses published at the beginning of the Air Force's compilation of systems of records notices apply.

DISCLOSURE: Voluntary, however, failure to provide the requested information may preclude appointment.

SECTION I**COMMANDER/APPOINTING AUTHORITY**1. NAME (*First, MI, Last*)

2. TITLE

3. ORGANIZATION

5. SIGNATURE

Click to sign

4. DATE (*YYYYMMDD*)**SECTION II****APPOINTEE**6. NAME (*First, MI, Last*)

7. TITLE

8. ORGANIZATION

9. PHONE (*include Area Code*)10. ADDRESS (*include zip code*)11. EFFECTIVE DATE OF APPOINTMENT (*YYYYMMDD*)12. POSITION APPOINTED (*check one*)☐

CERTIFYING OFFICER

☐

ACCOUNTABLE OFFICIAL

☐OTHER (*Specify*)

13. YOU ARE HEREBY APPOINTED TO SERVE THE CAPACITY/POSITION SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE?

14. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED.

SECTION III**ACKNOWLEDGEMENT OF APPOINTMENT**

I ACKNOWLEDGE AND ACCEPT THE POSITION AND RESPONSIBILITIES DEFINED ABOVE. I CERTIFY THAT MY OFFICIAL SIGNATURE IS SHOWN IN THE BOX BELOW.

15. NAME (*First, MI, Last*)

16. SIGNATURE

Click to sign

SECTION IV**TERMINATION OF APPOINTMENT**☐ THE APPOINTMENT OF THE INDIVIDUAL NAMED ABOVE IS REVOKED17. EFFECTIVE DATE (*YYYYMMDD*)

18. APPOINTEE INITIALS

19. NAME OF COMMANDER/APPOINTING AUTHORITY

7. TITLE

21. SIGNATURE

Click to sign

INSTRUCTIONS FOR COMPLETING ☐
APPOINTMENT/TERMINATION RECORD - SIGNATURE CARD

THIS FORM MAY BE USED TO:

1. APPOINT CERTIFYING OFFICERS. CERTIFYING OFFICERS ARE THOSE INDIVIDUALS, MILITARY OR CIVILIAN, DESIGNATED TO ATTEST TO THE CORRECTNESS OF STATEMENTS, FACTS, AND INFORMATION APPEARING ON IDENTIFICATION CARDS AND THESE RESTRICTED OR CONTROLLED AREA BADGES.
2. APPOINT ACCOUNTABLE OFFICIALS. ACCOUNTABLE OFFICIALS ARE THOSE INDIVIDUALS, MILITARY OR CIVILIAN, WHO ARE DESIGNED IN WRITING AND ARE NOT OTHERWISE ACCOUNTABLE UNDER APPLICABLE LAW, WHO PROVIDE SOURCE INFORMATION, DATA OR SERVICE TO A CERTIFYING OFFICER IN SUPPORT OF ISSUING PROCESS.

SECTION I

1. ENTER THE NAME OF THE COMMANDER/APPOINTING AUTHORITY
2. ENTER THE COMMANDER/APPOINTING AUTHORITY'S TITLE
3. ENTER THE NAME OF THE COMMANDER/APPOINTING AUTHORITY'S ORGANIZATION LOCATION
4. ENTER THE DATE THE FORM IS COMPLETED
5. THE COMMANDER/APPOINTING MUST PLACE HIS OR HER LEGAL SIGNATURE IN THE BLOCK PROVIDED

SECTION II

6. ENTER THE APPOINTEE'S NAME
7. ENTER THE APPOINTEE'S TITLE
- 8.-10. ENTER THE NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF THE ORGANIZATION ACTIVITY TO WHICH APPOINTED.
11. ENTER THE DATE THE APPOINTMENT IS TO BE EFFECTIVE
12. CHECK THE APPROPRIATE BOX INDICATING THE PURPOSE FOR THE APPOINTMENT
13. DESCRIBE IN DETAIL THE DUTIES THE APPOINTEE WILL BE REQUIRED TO PERFORM, TO INCLUDE TYPES OF CREDENTIALS, FOR WHICH AUTHORIZED, AND ANY OTHER PERTINENT INFORMATION
14. LIST ALL REGULATIONS THE APPOINTEE MUST REVIEW AND FOLLOW IN ORDER TO ADEQUATELY FULFILL THE REQUIREMENTS OF THE APPOINTMENT

SECTION III

- 15.-16. THE APPOINTEE SHALL PRINT (OR TYPE) HIS OR HER NAME AND ENTER HIS OR HER LEGAL SIGNATURE IN THE SPACES PROVIDED

SECTION IV

17. ENTER THE DATE THE TERMINATION IS EFFECTIVE
18. THE APPOINTEE WILL INITIAL IN THE SPACE PROVIDED ACKNOWLEDGING REVOCATION OF THE APPOINTMENT
- 20.-22. THE COMMANDER/APPOINTING AUTHORITY MUST PLACE HIS OR HER NAME, TITLE AND LEGAL SIGNATURE IN THE SPACES PROVIDED

NOTE: COMPLETING THIS SECTION WILL TERMINATE THE ORIGINAL APPOINTMENT AS OF THE EFFECTIVE DATE. IF PARTIAL AUTHORITY IS TO BE RETAINED, A NEW WPAFB 1402 MUST BE COMPLETED. CHECK THE BOX PROVIDED TO INDICATE THE APPOINTMENT IS BEING REVOKED.

APPLICATION FOR WPAFB IDENTIFICATION CARD

(This Form Is Subject to the Privacy Act of 1974)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013

PRINCIPAL PURPOSE: Used by the security police for issuing ID cards and these restricted or 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 the various forms utilized in these functions.

ROUTINE USE: To request and record the issuance of computer generated WPAFB Contractor/Visitor Identification Card and to request and record issuance of any 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 identification credentials.

I hereby acknowledge receipt of the credentials indicated by my signature below and 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 requested by proper authority.

NOTICE: While on this installation all personnel and the property under their control are subject to search. Controlled radioactive material being brought onto an AFMC installation must first be approved by the monitor for nuclear safety.

| | | | | |
|---|----------------|---|---------------------------------------|---|
| TO | | FROM (Business Address or Orgn/ Symbol/Sponsor/ of Prime Contractor) | | LOCAL BUSINESS ADDRESS OR SUB -CONTRACTOR/PHONE |
| 88 SFS/S3R (Pass & Registration) Wright-Patterson AFB, OH 45433 | | " PRIME CONTRACTOR " | | " SUB-CONTRACTOR " |
| NAME DOE, JOHN A. | | RACE N/A | SSN OR DoD ID NUMBER 000-00-0000 | <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS |
| DRIVERS LICENSE/STATE ID NUMBER ABC12345 | STATE STATE | DATE OF BIRTH 00 / MMM / 0000 | | CITIZEN (Country) US (OR OTHER) |
| HAIR BROWN | HEIGHT 72" | WEIGHT 200 lbs. | EYES BROWN | |
| HOME ADDRESS 1234 FIRST STREET DAYTON, OHIO 45433 | | | | PHONE (000) 000-0000 |
| <input checked="" type="checkbox"/> OFFICIAL CONTRACTOR <input type="checkbox"/> VOLUNTEER | | ISSUE DATE (LEAVE BLANK) | | AREAS AUTHORIZED BY CONTRACT <input checked="" type="checkbox"/> AREA A <input type="checkbox"/> AREA B |
| <input type="checkbox"/> UNOFFICIAL/VENDOR | | CARD NUMBER (LEAVE BLANK) | | |
| CONTRACT NUMBER <u>MUST HAVE CONTRACT NUMBER</u> CARD EXPIRATION <u>MUST HAVE SPECIFIC EXP. DATE</u> | | | | |
| SIGNATURE OF RECIPIENT | | | SIGNATURE OF ISSUING OFFICIAL | |
| DAYS AUTHORIZED (Check appropriate) <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THUR <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN | | | AUTHORIZED TIMES 0000hrs - 0000hrs | FPCON TYPE ALLOWED |

*****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 APPLICANT AGREES TO RETURN AND SURRENDER THE IDENTIFICATION CARD OR AIR FORCE FORM 75, TEMPORARY VISITOR PASS TO THE 88TH SECURITY FORCES SQUADRON PASS AND REGISTRATION. ____ (Initials)

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

CERTIFICATE OF REQUESTING OFFICIAL

I certify that the applicant has an official/authorized need for the credential requested and has been briefed on its proper use.

| | | |
|--|---|------------------------|
| NAME/TITLE JOHN Q. SMITH, (TITLE) (Authorized Gov. Signatory) | BUSINESS ADDRESS OR ORGANIZATION/SYMBOL AFRL/PKO | |
| SIGNATURE | PHONE (000) 000-0000 | DATE 00 / MM / 0000 |

APPLICATION FOR WPAFB IDENTIFICATION CARD

(This Form Is Subject to the Privacy Act of 1974)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013

PRINCIPAL PURPOSE: Used by the security police for issuing ID cards and these restricted or 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 the various forms utilized in these functions.

ROUTINE USE: To request and record the issuance of computer generated WPAFB Contractor/Visitor Identification Card and to request and record issuance of any 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 identification credentials.

I hereby acknowledge receipt of the credentials indicated by my signature below and 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 requested by proper authority.

NOTICE: While on this installation all personnel and the property under their control are subject to search. Controlled radioactive material being brought onto an AFMC installation must first be approved by the monitor for nuclear safety.

| | | | | |
|---|--------|---|--|--|
| TO | | FROM (Business Address or Orgn/ Symbol/Sponsor/ of Prime Contractor) | | LOCAL BUSINESS ADDRESS OR SUB -CONTRACTOR/PHONE |
| NAME | | RACE | SSN OR DoD ID NUMBER | <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS |
| DRIVERS LICENSE/STATE ID NUMBER | STATE | DATE OF BIRTH | | CITIZEN (Country) |
| HAIR | HEIGHT | WEIGHT | EYES | |
| HOME ADDRESS | | | | PHONE |
| <input type="checkbox"/> OFFICIAL CONTRACTOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNOFFICIAL/VENDOR CONTRACT NUMBER _____ CARD EXPIRATION _____ | | ISSUE DATE | AREAS AUTHORIZED BY CONTRACT | |
| | | CARD NUMBER | <input type="checkbox"/> AREA A <input type="checkbox"/> AREA B | |
| SIGNATURE OF RECIPIENT | | SIGNATURE OF ISSUING OFFICIAL | | |
| DAYS AUTHORIZED (Check appropriate) | | AUTHORIZED TIMES | FPCON | |
| <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN | | | | |

*****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 APPLICANT AGREES TO RETURN AND SURRENDER THE IDENTIFICATION CARD OR AIR FORCE FORM 75, TEMPORARY VISITOR PASS TO THE 88TH SECURITY FORCES SQUADRON PASS AND REGISTRATION. ____ (Initials)

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

CERTIFICATE OF REQUESTING OFFICIAL

I certify that the applicant has an official/authorized need for the credential requested and has been briefed on its proper use.

| | | |
|------------|---|------|
| NAME/TITLE | BUSINESS ADDRESS OR ORGANIZATION/SYMBOL | |
| SIGNATURE | PHONE | DATE |

**INSTRUCTIONS FOR COMPLETING
APPOINTMENT/TERMINATION RECORD - SIGNATURE CARD**

THIS FORM MAY BE USED TO:

1. APPOINT CERTIFYING OFFICERS. CERTIFYING OFFICERS ARE THOSE INDIVIDUALS, MILITARY OR CIVILIAN, DESIGNATED TO ATTEST TO THE CORRECTNESS OF STATEMENTS, FACTS, AND INFORMATION APPEARING ON IDENTIFICATION CARDS AND THESE RESTRICTED OR CONTROLLED AREA BADGES.
2. APPOINT ACCOUNTABLE OFFICIALS. ACCOUNTABLE OFFICIALS ARE THOSE INDIVIDUALS , MILITARY OR CIVILIAN, WHO ARE DESIGNED IN WRITING AND ARE NOT OTHERWISE ACCOUNTABLE UNDER APPLICABLE LAW, WHO PROVIDE SOURCE INFORMATION, DATA OR SERVICE TO A CERTIFYING OFFICER IN SUPPORT OF ISSUING PROCESS.

SECTION I

1. ENTER THE NAME OF THE COMMANDER/APPOINTING AUTHORITY
2. ENTER THE COMMANDER/APPOINTING AUTHORITY'S TITLE
3. ENTER THE NAME OF THE COMMANDER/APPOINTING AUTHORITY'S
4. ENTER THE DATE THE FORM IS COMPLETED
5. THE COMMANDER/APPOINTING MUST PLACE HIS OR HER LEGAL

SECTION II

6. ENTER THE APPOINTEE'S NAME
7. ENTER THE APPOINTEE'S TITLE
- 8.-10. ENTER THE NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF
11. ENTER THE DATE THE APPOINTMENT IS TO BE EFFECTIVE
12. CHECK THE APPROPRIATE BOX INDICATING THE PURPOSE FOR THE APPOINTMENT
13. DESCRIBE IN DETAIL THE DUTIES THE APPOINTEE WILL BE REQUIRED TO PERFORM, TO INCLUDE TYPES OF CREDENTIALS, FOR WHICH AUTHORIZED, AND ANY OTHER PERTINENT INFORMATION
14. LIST ALL REGULATIONS THE APPOINTEE MUST REVIEW AND FOLLOW IN ORDER TO ADEQUATELY FULFILL THE REQUIREMENTS OF THE APPOINTMENT

SECTION III

- 15.-16. THE APPOINTEE SHALL PRINT (OR TYPE) HIS OR HER NAME AND ENTER HIS OR HER LEGAL SIGNATURE IN THE SPACES

SECTION IV

17. ENTER THE DATE THE TERMINATION IS EFFECTIVE
18. THE APPOINTEE WILL INITIAL IN THE SPACE PROVIDED ACKNOWLEDGING REVOCATION OF THE APPOINTMENT
- 20.-22. THE COMMANDER/APPOINTING AUTHORITY MUST PLACE HIS OR HER NAME, TITLE AND LEGAL SIGNATURE IN THE SPACES PROVIDED

NOTE: COMPLETING THIS SECTION WILL TERMINATE THE ORIGINAL APPOINTMENT AS OF THE EFFECTIVE DATE. IF PARTIAL AUTHORITY IS TO BE RETAINED, A NEW WPAFB 1402 MUST BE COMPLETED. CHECK THE BOX PROVIDED TO INDICATE THE APPOINTMENT IS BEING REVOKED.