REQUEST FOR A FORT RUCKER VISITOR PASS (SPONSORED)

PRIVACY ACT STATEMENT

AUTHORITIES: Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397.
PRINCIPAL PURPOSE(s): To collect identifying information on non-DoD visitors and contractors requesting unescorted access to the Installation.
ROUTINE USE(S): To perform NCIC-III Background Check for Installation access.
DISCLOSURE: Although disclosure of your SSN is not mandatory, failure to disclose your SSN will prevent the processing of your background check.

1. APPLICANT INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____ DOB: _____ Race: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ State Issuing DL: _____

Phone Number: _____ Affiliation to Sponsor _____

United States Citizen? Yes ☐ No ☐ If no, what is applicant's country of citizenship? _____

Applicant Certification: I certify the information provided is true and accurate, and I am providing it with the purpose of receiving a Fort Rucker Visitor Pass to allow access onto Fort Rucker. I understand I must give Fort Rucker Visitor Control Centers consent to conduct a criminal history screening prior to the issuance of a Visitor pass. Failure to do so will result in the termination of the application process. I understand that this background screening will determine my eligibility for access and continued access during the term of my visit. I understand that I am required to turn in the card upon expiration or prior to expiration if I no longer require it. If I fail to do so, my access to Fort Rucker may be denied for any and all future requests. I understand my access may be revoked at anytime without reason or notice. I understand it is prohibited to allow someone else to use my Visitor pass.

_____ _____ _____
Applicant Printed Name | Applicant Signature | Date

2. REASON FOR CARD

☐ Gold Star Family Member/Survivor ☐ Friend of Fort Rucker ☐ Family Care Provider

☐ Live on Fort Rucker ☐ DFMWR Patron ☐ Army Volunteer

☐ Contractor Length of Contract: _____ Contract # _____

☐ Subcontractor/Vendor ☐ Other Reason _____

Requested Duration: ☐ 6-12 Months ☐ Other _____

3. JUSTIFICACTION FOR CARD _____

4. SPONSOR INFORMATION: _____ **Live on Fort Rucker** _____ **Work on Fort Rucker**

Last Name: _____ First Name: _____ Middle Initial: _____

Grade/Rank/Status: _____ Email Address: _____

Organization/Unit: _____ Organization/Unit Phone Number: _____

Affiliation to Applicant: _____

Applicant is a contractor who is mission essential and requires installation access at FPCON Delta: ☐ YES ☐ NO

Is the sponsor aware of the applicant's citizenship?: ☐ YES ☐ NO

Sponsor Certification: I certify the applicant meets the justification requirements and they require a Visitor pass as indicated above to perform assigned duties, conduct official business, or visit family/friends on Fort Rucker. I understand my role as the sponsor and ensuring the Visitor pass is retrieved upon expiration or prior to expiration if it is no longer required. If I fail to do so, my ability to be an approved sponsor can be removed.

_____ _____ _____
Sponsor Printed Name | Sponsor Signature | Date

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5.COMMANDER/DIRECTOR'S CERTIFICATION:

I certify that the applicant meets the justification requirements as indicated in paragraph 3 above for access privileges and requiresa Visitor pass for unescorted access to Fort Rucker. Furthermore, I certify that the sponsor is assigned to my Organization and authorized to sponsor the applicant.

Commander/Director Printed Name **(Invalid if incomplete)**	Commander/Director Signature **(Invalid if incomplete)**	Date

FOR USE BY VISITOR CONTROL CENTER OFFICE ONLY

6. ISSUING OFFICIAL: _____ Approved/Disapproved

Date of NCIC-II check: _____

Issue Date: _____ Expiration Date: _____

Issuing Official Printed Name	Issuing Official Signature	Date