

BARKSDALE AFB ACCESS REQUEST FORM*(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)***Ensure that all spaces are completed or request will not be processed.**

Complete this form and return to your Barksdale AFB sponsor. A National Crime and Information Center (NCIC) Criminal check will be conducted prior to granting access to the installation. By signing this application, you affirm/swear the information provided is true. 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). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to Barksdale AFB, within 24 hours, if you're convicted of any of the above criminal offenses that occur while you have unescorted access authority to Barksdale AFB.

Section I. PERSONAL INFORMATION

1. NAME (Last, First, Middle)		2. DRIVER'S LICENSE #/State of Issue	3. Social Security Number	4. DATE OF BIRTH (YYYYMMDD)	
5. CURRENT ADDRESS (Include City/State/ZIP Code)			6. Company/Organization		PHONE NUMBER
7. SEX	8. Race	9. EYE COLOR	10. HAIR COLOR	11. HEIGHT	12. WEIGHT

Section II. PLACE OF BIRTH

1. CITY	2. STATE (If applicable)	3. COUNTRY
4. U.S. CITIZEN? (If no, answer question 5)		5. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER, AND EXPIRATION DATE. Provide copy. (If applicable)

Section III. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT

By accepting this pass you give your consent to search of your vehicle while it is entering on, or leaving Barksdale Air Force Base. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.

Initial _____

Section IV: ATTESTATION

I attest to the fact that I have been briefed by my sponsor and understand the purpose for the NCIC. I understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws. Permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access Barksdale Air Force Base. I have voluntarily completed this form and shall provide the Air Force a specimen of my fingerprints, if/when requested. I hereby give my consent and authorization for the Air Force to conduct any additional background screenings deemed necessary over the next 12 months, to include comparing/checking my fingerprints against local, state, and federal criminal databases. I understand (a) criminal offense(s) may be prosecuted in federal court. 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 willfully false statement on this application can be punished by fine or imprisonment or both (18 U.S.C section 1001).

I understand approvals/denials take 7-10 working days and can be verified by phone by calling the West Gate Visitor Center, M-F, 7:30am-4pm (318-456-4292) or **Security Force Squadron 456-3106**

Applicant Signature: _____ Date _____

ACCESS DENIALS. If denied, you may appeal in writing to the 2nd Bomb Wing Commander. If you appeal, you must provide a copy of supporting documents, court minutes, expunged records, etc.) that may mitigate your security issues to the Pass & ID Office at the East Gate Visitor Center or by mail to 2 SFS/S-5, 1200 Chappie James Rd., Barksdale AFB, LA 71110.

Section V. FOR USE BY BARKSDALE AFB SPONSORING ORGANIZATION OR AGENT CARD/VISITOR SPONSOR ONLY

1.) Circle one. Long Term Contractor Agent Museum* Foreign National Privatized Housing

2.) Circle Access Times Needed

Mon-Fri 0600-1800 Mon-Fri 1000-2200 Mon-Sat 0600-1800 Other Tues, Thurs - Sun 0600-Dusk _____

Length/dates of pass (up to one year): _____

Provide a **REASON** for access to Barksdale AFB, sponsoring organization/agency (i.e. 2 CES, AAFES, Base Education Office):

__Red chute Gun Club, Member, tournament shooting_____

*Museum passes will only be given museum hours. Only put the date of visit.

2.) Print contact information of Barksdale AFB sponsor/base agency representative: (Not Required for Museum Passes)

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

DoDID/EDIPI/SSN _____

Title/Rank _____ Phone _____ Email _____

Signature Date

DoD sponsor must deliver completed form to Pass and ID office or send encrypted email from .mil address to **2SFS.PASSID@US.AF.MIL****Section VI. PRIVACY ACT STATEMENT**

Authority: 50 USC Section 797; E.O.9397

PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist Security Forces personnel in documenting contractor employee suitability for access to USAF installations. Social security number and date of birth are necessary to identify the person and records. This information may be used to determine suitability of person desiring access to Barksdale Air Force Base; as well as, for lawful purposes including law enforcement and litigation. This information will be used to generate state and federal criminal history records checks.

INTENDED USE: For all personnel who are not authorized a Common Access Card (CAC) and require regular and frequent access to the installation in performance of their official duties. **Not for employment**

DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provided information will 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.