

FORT HUACHUCA ACCESS REQUEST FORM

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

ALL REQUEST MUST BE SUBMITTED IN PERSON TO THE VISITOR CONTROL CENTER

"IMPORTANT" REGARDING ACCESS DENIALS: Please read Section 6 "Applicant Attestation"

Section 1. Applicant Information (Failure To Provide All Requested Information May Result In Denied Access)

Please select one: US Visitor Contractor Foreign National
MILITARY: Active Duty Reservist National Guard

1. FULL NAME (Last, First, Middle)		2. Driver's license Number/ State	3. Social Security Number	4. Date of Birth (DD/MM/YYYY)	
5. CURRENT RESIDENT ADDRESS (Include City/ State/ZIP Code)			6. HOME/ CELL PHONE NUMBER	WORK PHONE NUMBER	
7. SEX	8. RACE	9. EYE COLOR	10. HAIR COLOR	11. HEIGHT	12. WEIGHT
13. PASSPORT NUMBER:		14. PASSPORT COUNTRY			

Section 2. Place of Birth

1. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. U.S. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER	4. EXPIRATION DATE
5. CITY	6. STATE (if applicable)	7. COUNTRY	

Section 3. Purpose of Visit

Purpose (Specify): _____ Location: _____
* Date(s) of visit Requested// From Date: _____ To Date: _____ Number of Days: _____

Section 4. Military Personnel Information

1. Unit Name (Regiment, Battalion, Company and unit number, etc.)	2. Unit Phone Number (Unit Leadership)	3. Unit Location (Street Name, Bldg. Number if possible)
4. MOS	5. Job Description	

Section 5. CONTRACTOR/VENDOR INFORMATION (IF APPLICABLE) The following company/organization is providing either vendor's service or holds a contract with our organization. The individual is required to enter Fort Huachuca, AZ in an official capacity on a regular basis.

2. Company/ Organization Name	2. Company/ Organization Phone Number	3. Job Description
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Section 6. Applicant Attestation

I understand that I must give Fort Huachuca Visitor Control Center (VCC) consent to an initial criminal history and periodic background screenings through the National Crime and Information Center (NCIC) prior to and after the issuance of an installation car/pass by completing the **FORT HUACHUCA ACCESS REQUEST FORM**. Failure to do so will result in termination of the application process. I further understand that these background screenings will determine my eligibility for access and continued access during the term of my visit. 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). If denied, you may appeal in writing to the Garrison Commander in accordance with the instructions in the access denial packet given by the VCC; ATTN: Physical Security

- I understand that my access may be revoked at any time without reason or notice.
- I understand that I must properly care for my card/pass to prevent damage, or loss.
- I understand that it is prohibited to allow someone else to use my card/pass.
- I understand that my card/pass must be turned in to the VCC once it has expired or further use is not required.

Applicant Signature: _____ Date: _____

Section 7. Government Sponsor / Authorizing Information (If Applicable) Upon termination of contract, employee termination, or expiration of the access credential the Authorizing Official will retrieve the credential from the contractor and return it to buildings 90008/Buffalo Soldier Gate or 90790/Van Deman Gate. The Government Sponsor must complete their portion before it is accepted at the Visitor Control Center (VCC). Being a sponsor you assume all responsibility for your visitor while they are on the installation.

1. Full Name (Last, First, Middle)	2. Official Title	3. Organization
4. Work Phone Number	5. Official Email Address	

THE SPONSOR AGREES TO ACCEPT RESPONSIBILITY FOR THEIR VISITOR(S) WHILE ON THE INSTALLATION:

Sponsor's Signature: _____ Date: _____

Section 8. Issuing Office (Section Below is for use by Installation Access Control Office Only)

Approved for: 1 Day / 30 Day / 1 Year / Dual Res / Escort required	Disapproved	DENIAL	WARRANT
		FBI# _____	
Approving Official Printed Name	Approving Official Signature	Date	