

For Official Use Only (FOUO)

PARKS RFTA ACCESS REQUEST FORM (THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974) ALL REQUESTS MUST BE SUBMITTED IN TO THE VISITOR CONTROL CENTER OR PHYSICAL SECURITY OFFICE		ROUTINE VISITS AND OTHER SPECIAL EVENTS (CHECK ONE) Initial Renew	
CREDENTIAL (CHECK ONE)		Initial Extend	
Complete this form and return Parks RFTA sponsor. A National Crime and Information Center (NCIC) 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 being barred 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. Questions may be directed to the Physical Security office at (925)875-4658 or (925)875-4656			
Section 1. PERSONAL INFORMATION (FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN DENIED ACCESS)			
1. NAME (Last, First, Middle)		2. DRIVER'S LICENSE NUMBER / State	3. SOCIAL SECURITY NUMBER
4. DATE OF BIRTH (YYYYMMDD)			
5. CURRENT ADDRESS (Include City/State/ZIP Code)		6. HOME PHONE NUMBER	WORK PHONE NUMBER
7. SEX	8. RACE	9. EYE COLOR	10. HAIR COLOR
11. HEIGHT	12. WEIGHT		
Section 2. 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 (if applicable)	
Section 3. 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 Hunter Liggett, CA in an official capacity on a regular basis. Request the issuance of an access credential. The below listed individual understands that this is an identification credential, not a sponsoring credential and that it will not allow entry into any facilities other than the installation gates. Use of this credential is strictly for business purposes only. Individual agrees to adhere to all vehicle regulations and guidelines set forth by AR 190-5, Army Motor Vehicle Regulation and those set by the installation commander.			
1. COMPANY / ORGANIZATION NAME		2. FULL ADDRESS OF COMPANY / ORGANIZATION (Include City/State/ZIP Code)	
Section 4. GOVERNMENT SPONSOR OR CONTRACT REPRESENTATIVE - AUTHORIZING INFORMATION 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 275 VCC or 620 Physical Security. The Government Sponsor must complete their portion before it is accepted at the Visitor Control Center. Being a sponsor you assume all responsibility for your visitor while they are on the installation.			
1. NAME (Last, First, Middle)	2. OFFICIAL TITLE	3. ORGANIZATION	4. WORK PHONE
5. OFFICIAL EMAIL ADDRESS		6. CONTRACT NUMBER (Required if sponsoring a contractor)	
THE SPONSOR AGREES TO ACCEPT RESPONSIBILITY FOR THEIR VISITOR(S) WHILE ON THE INSTALLATION:			
SPONSOR'S SIGNATURE: _____		DATE: _____	
Section 5. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT			
By accepting a visitor/contractor pass you give your consent to search of your vehicle while it is entering on, or leaving Fort Hunter Liggett. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.			
Section 6: ATTESTATION			
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 to Fort Hunter Liggett. I have voluntarily completed this form and shall provide the Army a specimen of my fingerprints, if/when requested. 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).			
Date(s) of visit/contract term requested: _____		Date of Request: _____	
Purpose: _____			
Section 7. Access Denials			
Should access be denied, you may request a denial wavier through the Directorate of Emergency Services-Physical Security Office the point of contact for denial wavier actions. Follow the instructions on second page of the wavier for submittal instructions, address, and documentation requirements.			
Section 8. PRIVACY ACT STATEMENT			
Authority: 50 USC Section 797, E.O. 9397 PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist Access Control personnel in documenting visitors' suitability for access to Fort Hunter Liggett. 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 Fort Hunter Liggett; 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) or other federally authorized credential and require access to the installation for a special event and/or visit. DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the special event and/or visit. For Official Use Only (FOUO), This document contains information exempt from mandatory disclosure under the FOIA, Title 5 U.S.C. 552 (b) (6) applies. This document also contains personal information that is protected by the Privacy Act of 1974 and must be safeguarded from unauthorized disclosure.			
Section 9. Approval or Denial (To be completed by DES Personnel)			
1. Access Granted	2. Access Denied	3. _____	4. _____
5. _____			
6. DATE REQUEST RECEIVED: _____		7. DATE SPONSOR NOTIFIED OF APPROVAL/DISAPPROVAL: _____	
		Print Name	Signature
		Date	