

CARLISLE BARRACKS INSTALLATION ACCESS CONTROL APPLICATION

Please provide the following information for completion of a National Crime Information Center (NCIC) and Army Law Enforcement Reporting and Tracking System (ALERTS) Installation access check.			
NAME: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last, First, Middle Maiden (If applicable) </div>			
SSN#:	DRIVERS LICENSE # / STATE ID #:		STATE:
DOB: _____ (Date of Birth) YYYY/MM/DD		PRIMARY PHONE: _____	SEX: _____
HOME ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>			
REASON FOR VISIT:			
<input type="checkbox"/> GOVERNMENT SPONSOR INFORMATION: _____ <div style="text-align: center; font-size: small;">(NAME/AGENCY/PHONE #)</div>			
END DATE OF PASS REQUESTED: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (NOT TO EXCEED ONE YEAR) GOVERNMENT SPONSOR SIGNATURE </div>			
<input type="checkbox"/> NO GOVERNMENT SPONSOR REQUESTED END DATE OF PASS: _____ <div style="text-align: right; font-size: small;">NOT TO EXCEED 30 DAYS</div>			
I have been advised that my gaining access to the Carlisle Barracks Installation is contingent upon successful completion of a criminal history background check. I understand that the background check includes accessing information within the NCIC and ALERTS. I have been advised that all information received from these checks will be maintained within the Directorate of Emergency Services and properly destroyed at the completion of the purpose of request.			
SIGNATURE OF APPLICANT: _____			
LAW ENFORCEMENT USE BELOW THIS LINE ONLY			
() No adverse information found. () Adverse information found Installation Access Control is cleared by this office. () Adverse information found Installation Access Control is NOT cleared by this office.			
PRINT NAME / SIGNATURE / DATE _____			
INITIALS & DATE OF CHECK ONLY			
DL	NCIC	ALERTS	PASS#
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
<small> AUTHORITY: 5 USC 552a(b), 10 USC 3013, Title 10 United States Code, Section 3012(g), E.O. 9397 PRINCIPLE PURPOSE: To provide law enforcement officials with means by which information may be accurately identified in order to enforce security provisions. ROUTINE USE: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary. Failure to disclose the information requested precludes consideration of an application for access to the Carlisle Barracks Installation through the use of a temporary pass or as part of an event list. Personnel not submitting to a background check will be denied unescorted access to the Carlisle Barracks Installation. </small>			