

INDIVIDUAL APPLICATION FOR CONTRACTOR BADGE OFFICIAL BUSINESS ON WESTOVER ARB MA

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101 and EO 9397

PRINCIPAL PURPOSE: Preliminary background check for an individual contractor badge for entry onto installation.

ROUTINE USES: Provide information to assist in completing a background check of those contractor employees requiring access to Westover ARB.

This information will not be released outside of the DoD

DISCLOSURE: Disclosure is voluntary. Failure to provide requested information could result in restriction or non-access to Westover ARB.

PRINT AND ENSURE THAT DATA IS LEGIBLE AND COMPLETE

LAST NAME / SUFFIX	FIRST NAME:	MIDDLE NAME:	DOB: DD/MM/YYYY	HEIGHT:	WEIGHT:
			PHONE NUMBER	EYES:	HAIR:

SOCIAL SECURITY NUMBER:	PERMANENT INS A#	CARD EXPIRES:
MASS SOCIAL SECURITY NUMBER	RESIDENCE (GREEN) CARD STATE OF ISSUE:	COUNTRY OF BIRTH:

HOME ADDRESS: STREET NUMBER / CITY / TOWN / STATE OR PROVINCE / ZIP CODE OR COUNTRY CODE:	PASSPORT NUMBER:	EXPIRES:

DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:	EXPIRES:	ARE YOU AN UNITED STATES CITIZEN?
			YES NO

MASSACHUSETTS RESIDENT FOR LAST SEVEN YEARS (Check one)

YES NO

IF "NO" TO ABOVE, LIST STATE(S) OF RESIDENCE FOR THE LAST SEVEN YEARS IN THE BOXES BELOW

1)	2)	3)

A NATIONAL BACKGROUND CHECK IS REQUIRED, UNLESS THE PERSON HAS A MILITARY ID (Check one)

ACTIVE
 RESERVIST
 GUARDSMAN
 RETIREE
 DEPENDENT

BASE SPONSOR NAME:	COMPANY NAME:	WORK LOCATION ON BASE:
BASE SPONSOR #	TYPE OF WORK:	

DAYS OF THE WEEK AND HOURS REQUESTING AUTHORIZATION TO ENTER WESTOVER ARB FOR BUSINESS PURPOSES ONLY (Mark all that apply)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

ENTRY HOUR:	DEPARTURE HOUR:

I AUTHORIZE THE USE OF AND RELEASE OF MY PERSONAL INFORMATION TO WESTOVER ARB MA TO ACCOMPLISH PRELIMINARY CRIMINAL BACKGROUND CHECKS TO DETERMINE ESCORTED OR UNESCORTED ACCESS TO WESTOVER ARB IN CONNECTION WITH PROPOSED OFFICIAL BUSINESS. CONTRACTOR ACCESS BADGES ARE GOVERNMENT PROPERTY AND I UNDERSTAND THAT I WILL BE HELD ACCOUNTABLE FOR THEM.

SIGNATURE OF EMPLOYEE	DATE

DO NOT WRITE BELOW THIS LINE - GOVERNMENT USE ONLY

BACKGROUND CHECK DATE COMPLETED:	CARD ISSUE DATE:
DATA ENTERED ON EAL:	
FPCON LEVEL (Circle one)	EXPIRATION DATE:
NORMAL ALPHA BRAVO CHARLIE DELTA	
ESCORT REQUIRED (Circle one)	SPONSORING ORG:
YES NO	
	SPONSOR ORG POC:
	SPONSOR ORG PHONE:

RENEWAL:	YES	NO	BADGE #####