REQUEST FOR UNESCORTED INSTALLATION CONTRACT ACCESS TO FORT SILL

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 3331, 552, 552a; 10 USC 10204; Executive Orders (EO) 10450, 10865, and 12333.

PRINCIPAL PURPOSE: The information requested is for the purpose of granting access to the Fort Sill Installation.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for access to Fort Sill Installation. The Social Security Number (SSN), required for record accuracy, is requested pursuant to EO 9397.

DISCLOSURE: Providing requested information, to include your SSN, is voluntary. However, your access may not be granted if all requested information is not provided. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in performance of their official duties. Deliver this document directly to the intended recipient. **DO NOT** drop off, send to a third-party or send via e-mail **unencrypt**. Sending Personally Identifiable Information (PII) via regular e-mail is highly discouraged. Regular e-mail is sent "in the clear" and therefore is subject to interception by hackers. There are many other options for sending private, sensitive information or PII securely through e-mail. Please research these options and use them accordingly. This document contains personal or privileged information and should be treated as "For Official Use Only (FOUO)".

PART I - APPLICANT INFORMATION

a. LAST NAME:	b. FIRST NAME:	c. MIDDLE INITIAL:
d. GRADE/RANK/STATUS:	e. SOCIAL SECURITY NUMBER:	f. DOB:
g. GENDER: ☐ Male ☐ Female	h. DRIVER'S LICENSE #/STATE: /	
i. EMPLOYER:		j. PHONE NUMBER:
k. E-MAIL ADDRESS:		l. RACE:

PART II - CONTACT/SUPPORT PERSONNEL

a. CONTRACT/GOVERNMENT BILL OF LADING #:	
b. GOVERNMENT ORGANIZATION/BUSINESS SUPPORTED:	
c. CONTRACT EXPIRES:	d. COR/SUPERVISOR:

PART III - GOVERNMENT SPONSOR'S CERTIFICATION

I certify that the applicant meets the justification requirements as indicated in Part II above for access privileges. Furthermore, I certify that the applicant requires an access control card as indicated above in order to perform assigned duties or conduct official business on Fort Sill.

a. COR/SUPERVISOR/PHONE NUMBER	b. SUPERVISOR/SPONSOR SIGNATURE
(Invalid if Incomplete)	**(Invalid if Incomplete)**

PART IV - ISSUING OFFICE

SECTION BELOW IS FOR USE BY INSTALLATION ACCESS CONTROL OFFICE ONLY

a. ☐ APPROVED	b. ☐ DISAPPROVED	c. ☐ ACTION TAKEN (**Specify below**)

APPROVING OFFICIAL PRINTED NAME	APPROVING OFFICIAL SIGNATURE	DATE

FORT SILL INSTALLATION ACCESS CARD/PASS

ACKNOWLEDGEMENT STATEMENT

1.   I understand that I must give the Fort Sill Visitor Control Center (VCC) **consent to an initial criminal history and periodic background screenings** prior to and after the issuance of an installation access card/pass by completing Fort Sill Form 118. Failure to do so will result in the 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.

   a. I understand that my **access may be revoked** at anytime without reason or notice.

   b. I understand that I must **properly care for my card/pass** to prevent damage, or unnecessary wear.

   c. I understand that it is **prohibited to allow someone else to use my card/pass.**

   d. I understand that my card/pass **must be turned in** to the VCC once it has expired or further use is not required.

   e. I understand that I **must immediately report any lost, damaged or stolen card/pass** to my sponsor and the military police.

   f. I understand that my card/pass must be controlled at all times. If you have and or know where your card/pass is, then it is considered secured! If your card/pass is lost or unrecoverable, please notify your sponsor immediately.

2. I have read and understand the instructions listed above.

_____   _____
APPLICANT'S SIGNATURE   DATE