SITE VISIT

Solicitation # W911SD-26-Q-A086

Description: West Point Ski Lift Maintenance

A site visit is scheduled for Thursday July 16th at 0830 AM SHARP!

IT IS SUGGESTED TO ATTEND

Attendees must RSVP via EMAIL on or before Monday 13th of July with the name(s) and number of persons attending.

We will assemble at 681 Rogers Place, BLDG 681, First Floor, lobby by the elevator, at 08:20. Then, we will depart to the site visit, industry is responsible for THEIR OWN transportation.

Send RSVP's to: Ignacio.j.cordova2.civ@mail.mil, please reference Solicitation # W911SD-26-Q-A086, Ski Lift Site Visit in the email subject line.

It is industry's responsibility to periodically check the West Point Visitor Center Control Requirements at https://www.westpoint.edu/gateway-for-visitors#all

FAR 52.237-1 Site Visit -

Offerors / quoters are urged and expected to inspect the site where services are to be performed and to satisfy themselves regarding all general and local conditions that may affect the cost of contract performance, to the extent that the information is reasonably obtainable. In no event shall failure to inspect the site constitute grounds for a claim after contract award.

Summary of directions-

U.S. Army West Point Visitor's Center
2107 New South Post Rd, West Point, NY 10996

If you DO NOT have a Department of Defense (DoD) issued identification card (CAC), then you must obtain a Local Area Credential (LAC) screening by filling out the Local Area Credential Request Form below (USMA Form 13-16 Text Format) attached.

Please BRING and SUBMIT the completed LAC form to the U.S. Army West Point Visitor Control Center, located 2107 New South Post Road, West Point, New York, 10996, Telephone: (845) 938-0390, the day of the Site Visit.***

Give yourself at least 45 to 75 extra minutes for this process

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West Point Local Area Credential Application (TEXT FORMAT)

Local Area Credential Requested:__ Alumni __ Guest __ Contractor __ Delivery

Administrative Data

Last Name:

First Name:

MI:

Gender: __ Male__ Female __ Other

SSN:

Driver’s License Number:

State:

Current Street Address:

City: State:

Zip Code:

Phone Number:

Email Address:

Height:
Weight:
Hair Color:
Eye Color:

Contractor/Sponsor Information

Project/Contract:

Employer: Supervisor:

Sponsor Information:

COR:

COR Phone Number:

COR Email Address:

Criminal History:

Have you been convicted of a crime in the past 10 years:

___Yes __ No __ Don’t Know

If Yes, what type: __ Misdemeanor __ Felony __ Other __ Don’t Know

If Yes, explain:

For Administrative Use Only

Received By:

Received Date:

NCIC Date:

NCIC Request #:

Badge Issued: Yes __ No__ If No Why:

If Yes- Issue Date: Expiration Date: Badge #:

Privacy Act Statement Authority HSPD-12:
Principal Purpose: to record names, signatures and other identifiers for the purpose of validating he trustworthiness of individuals requisition access to West Point, New York. Records may be maintained in both electronic and paper form.
Routine Uses: None
Disclosure: Disclosure of the information is voluntary however, failure to provide any of the requested information my impede, delay or prevent further processing of this request. USMA Form 13-16