REQUEST FOR FORT DEVENS ACCESS CONTROL VISITORS PASS

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Fort Devens Installation. The SSN, required for record accuracy, is requested pursuant to EO 9397. All information that contains PII is protected as required.

1. **APPLICANT INFORMATION:**

Last Name: _____First Name: _____ Middle Name: _____

SSN: _____ Driver's License #:_____ DL State:_____

Are you a Registered Sex Offender? Yes No **Any felony convictions?** Yes No **Are you a U.S. Citizen?** Yes No

Place of Birth (City/State or Country):_____ Date of Birth (MM/DD/YY): _____Gender: M___ F

2. **REASON FOR VISIT:** _____ Non-DoD Contractor/Vendor _____ Foreign National _____ Training / Appointment

_____ Family Care Provider _____ Drill / Muster _____ Other _____

Have you received a Visitor Pass from Fort Devens within the past year? Yes ____ No____

How many days are you requesting? (01-30 days): _____

3. **BUILDING NUMBER VISITING:** _____ POC NAME:_____POC PHONE #:_____

4. **APPLICANT CERTIFICATION**:

1. I understand that I must give Fort Devens Police consent to an initial and periodic background screenings prior to and after the issuance of an installation access pass. 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 requested visit.
2. I understand that my access may be revoked at anytime without reason or notice.
3. I understand that I must properly care for my pass to prevent damage, or unnecessary wear, loss or theft.
4. I understand that I must immediately report any lost, damage or stolen pass to the Fort Devens Police.
5. All the information provided above is true and accurate and I have read all my responsibilities as an applicant for access to Fort Devens and its surrounding facilities.

_____ _____ _____

(Applicant's Printed Name) **(Signature)** **(Date)**

SECTION BELOW IS FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

5. **ISSUING OFFICIAL: APPROVED / ACCESS DENIED**

Pass #:_____

Vetting results: Renewal ____ NCIC Hit(s) ____ NIR ____ **Expiration Date:** _____

Escort Required: Yes____ No____

FBI:_____ **Category Letter for Access Denial:**_____

SID:_____ **Charge(s):** _____

SID: _____ _____

_____ _____ _____

(Issuing Official's Printed Name) **(Signature)** **(Date)**