LOCAL ACCESS CREDENTIAL (LAC) APPLICATION
DIRECTORATE OF EMERGENCY SERVICES (DES)
FORT LEAVENWORTH, KS
(Please Print Legibly)

REC'D	
NOTIFIED	
ISSUED	

LAC ELIGIBILITY: This application must be endorsed by an individual approved as a sponsor for Fort Leavenworth. The applicant must demonstrate the need for a valid, recurring need to access Fort Leavenworth. For the purposes of this document, recurring is defined as at least 1 day per week. LACs will not be issued for a duration less than 90 days. **THE ORIGINAL OF THIS COMPLETED FORM MUST BE SUBMITTED BY THE SPONSOR.**
NOTE: All fields must be filled in completely. The sponsor will be notified when the application has been approved. The applicant will have 30 days after notification to receive the ID. **After 30 days the process must be restarted.**

APPLICANT INFORMATION (Completed by Applicant)

LAST NAME	Doe	**FIRST NAME**	Jason	**MIDDLE**	Roger		
Date of Birth (DD/MM/YY)	07/04/1982	**SS #**	123-45-6789	**DL #**	KS-06-1964	**DL State**	KS
ADDRESS	2100 Constitution Ave	**CITY**	Leavenworth	**STATE**	KS	**ZIP**	66048
PLACE OF BIRTH	Denver City, KS			**GENDER**	Male		
EMPLOYER	Sump Services, LLC	**PHONE**	(913) 555-9876	**EMAIL**	Doej@sumpsrvc.com		

CRIMINAL HISTORY (Completed by Applicant)

Have you ever been **ARRESTED, CONVICTED**, sent through **DIVERSION**, etc for any offense other than parking/moving violations?
YES ☑ **NO** ☐

If yes, please explain:
DUI, Lansing, KS in 2002

DO NOT PROCEED PAST THIS AREA.

PURPOSE INFORMATION (Completed by Sponsor)

☐ **DUTY DAY (M-F 0500 -1800)** ☐ **WEEKENDS (S-S 0500-1800)** ☐ **FULL ACCESS (24/7)**

PURPOSE		**DESTINATION/ CONTRACT #**	
VISIT DURATION	FROM ____/____/____ TO ____/____/____	**CONTRACT EXPIRATION DATE**	____/____/____

SPONSOR INFORMATION (Completed by Sponsor)

LAST NAME		**FIRST NAME**		**MIDDLE**	
CAC ID #		**EXPIRATON**	____/____/____	**EMAIL**	
ORGANIZATION / UNIT					

SPONSOR CERTIFICATION: I certify that the applicant meets the justification requirements above for access privileges. Furthermore, I certify that the applicant requires an access control credential as indicated above in order to visit, perform assigned duties or conduct official business on Fort Leavenworth.

Sponsor Signature / Date
(Invalid if incomplete)

Printed Name and Telephone Number
(Invalid if incomplete)

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

AUTHORITY: 10 U.S.C. Section 3012
PRINCIPLE PURPOSE(S): To provide the name, SSN, home address and telephone number to Fort Leavenworth security personnel who have the need to know in the performance of their official duties.
ROUTINE USES: To Federal, State, and local activities for use in security background checks.
DISCLOSURE: Mandatory. If not provided, the individual would not be approved for a LAC or pass.

FOR OFFICE USE ONLY

NCIC-III (Y/N)		**WANTS/WARRANTS (Y/N)**		**KANSAS HOT FILES (Y/N)**		**BAR LIST (Y/N)**	
NOTES:				**OPERATOR INITIALS**			

APPROVED ____ **DISAPPROVED** ____

Issuing Official Printed Name

Issuing Official Signature / Date

FORT LEAVENWORTH INSTALLATION ACCESS CREDENTIAL ACKNOWLEDGEMENT STATEMENT

1. I understand that I must give Fort Leavenworth Access Control Centers **consent to an initial and periodic background screenings** prior to and after the issuance of an installation access credential. 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.

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 credential** to prevent damage, or unnecessary wear.

4. I understand that it is **prohibited to allow someone to tailgate** (following someone else in/out of gates without using a credential), or allow someone else to use my credential.

5. I understand that my credential **must be turned in** to the Installation Access Office once it has expired or further use is not required.

6. I understand that I **must immediately report any lost, damaged or stolen credential** to my sponsor and the military police.

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

8. The carrying or storage of privately owned weapons, explosives, and ammunition on Army installations is prohibited unless authorized by the Senior Commander.

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

_____ _____

Applicant's Printed Name Date

_____

Signature