

**CONTRACTOR/VISITOR BADGE APPLICATION FOR UNESCORTED ENTRY
ONTO 109TH AIRLIFT WING**

SECTION I: Contractor/Visitor must ensure all blocks are complete

NAME (Last, First, M.I.):			ADDRESS: (Contractor/Visitor Home of Record and Phone)					
COMPANY NAME/PHONE NUMBER:			IF SUB-CONTRACTOR, COMPANY NAME/PHONE NUMBER:			REASON FOR ACCESS: Civil Air Patrol Workshops		
GENDER	SOCIAL SECURITY #	DATE OF BIRTH	STATE DRIVER LIC# AND STATE	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND THE MAKING OF A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001 OR OTHER APPLICABLE LAWS AND REGULATIONS.

BY SIGNING BELOW, YOU AGREE TO SUBMIT TO A CRIMINAL BACKGROUND CHECK OF WHICH –“YOU” THE APPLICANT IS FOUND TO HAVE BEEN “ARRESTED” (CONVICTION NOT REQUIRED) FOR ANY OF THE FOLLOWING OFFENSES AS DEFINED IN THE NEW YORK STATE PENAL LAW: ANY FELONY ASSAULT, DRAFT EVASION, ANY FELONY DRUG CHARGES, INDECENT ACTS OF LIBERTIES WITH A CHILD UNDER 16, MOLESTATION TO INCLUDE CHILD PORNOGRAPHY AND SEX ABUSE, KIDNAPPING, MANSLAUGHTER, MURDER, RAPE AND RELATED SEX OFFENCES, ROBBERY, ARSON, FELONY CRIMINAL MISCHIEF, FIRE ARMS OFFENCES, ANY GRAND LARCENY, BURGLARY AND FELONY LARCENY CHARGES, ANY CHARGES RELATED TO TERRORISM, AND ANY ACTIVE WARRANTS FROM ANY JURISDICTION, WILL NOT BE ALLOWED LEGAL ACCESS TO THE INSTALLATION FOR THE PURPOSE OF EMPLOYMENT/ACCESS UNLESS OTHERWISE AGREED UPON BY SECURITY FORCES, CIVIL ENGINEERING, BASE CONTRACTING, AND AUTHORIZED BY THE BASE COMMANDER.

ALL PROSPECTIVE CONTRACTORS MUST BE U.S. CITIZENS OR MUST HAVE ESTABLISHED AND MAINTAIN LEGAL RESIDENCE IN THE U.S., AND ARE AUTHORIZED BY THE US GOVERNMENT TO WORK IN THE UNITED STATES (I.E. GREEN CARD, WORKER AUTHORIZATION, ETC.).

NOTE: “CONTRACTOR AND EMPLOYEE” SHALL RETURN BADGE TO SF PASS & ID UPON EXPIRATION OR TERMINATION OF CONTRACT. CONTRACTORS WILL DISPLAY THE BADGE AT ALL TIMES - EXCEPTION (WHEN SAFETY OR HAZARDS WARRANT TEMPORARY REMOVAL)

PLEASE READ ABOVE BEFORE SIGNING

EMPLOYEE SIGNATURE: _____ **DATE:** _____

By signing this application you agree to submit to a criminal background check.

SECTION II: To be completed by Contracting Office/Sponsoring Activity

THIS IS TO CERTIFY: I have verified that the individual above is performing in an official capacity on referenced contract and/or requires a badge in the performance of their official duties on Stratton ANGB in accordance with the contract terms and conditions.

NAME/PHONE # SPONSOR: Lt Col Dave Panzera (518) 379-6773 Civil Air Patrol

FPCON NORMAL- BRAVO ACCESS ONLY

Hours of operation will only be from 0700 -1600, Monday through Friday. Weekend and Holidays only if requested.

SECTION III: To be completed by Security Forces Pass and ID

NCIC Check Date:	Date Issued (YYYYMMDD)	Date Expires (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: Section 3101, Title 44, United States Code, AFI 33-332, 5 USC 552A
PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist security personnel in developing records to document contractor employee suitability for access to Stratton Air National Guard Base ANGB to work under Air Force contracts. The Social Security Number (SSN) and Date of Birth (DOB) are necessary to identify the person and records. This information may be used to determine suitability of persons desiring access to Stratton ANGB as well as for other lawful purposes including law enforcement and litigation. **INTENDED USE:** All contractors, subcontractors, unit’s or Stratton ANGB sponsoring activities who have employees not authorized a Common Access Card and require regular and frequent access to Stratton ANGB in performance of their official duties. **DISCLOSURE:** Disclosure of requested information is mandatory. Failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Air Force contract while serving in the capacity of prime contractor or subcontractor/supplier employee.

EXTENSIONS

NCIC Check Date:	Date Issued (YYYYMMDD)	Date Expires (YYYYMMDD)

