NAVAL SUPPORT ACTIVITY ANNAPOLIS

CONTRACTOR VEHICLE ACCESS DATA SHEET

C

	10 10	Back Ground C Date Complete	Check Completed By ed					Contractor	
	U	This form is for use by SNA/NSAA Complex Access. TY		actor employees requesti and ensure all blocks are		mittal			
	Last			First				МІ	
NAME	Street								
Home Address	City		Со	unty	State			Zip Code	
SSN			Date of Birth (mm/dd/yyyy)					
Place of Birth				untry of Citizenship)				
Phone	Work		Но	Home			Cell		
Drime Contractor	Company Name					ess Phone			
Prime Contractor Address	Street			City	State		Zip		
Sub Contractor	Company Name					Business Phone			
Address	Street			City	State		Zip		
2. All contracto	or applicants must present o	tifying number such as USCIS i riginal supporting documents f king by the sponsoring agent w	for verification or auth	orization to work in the U	IS				
			Sponsorin	ng Agent					
Parking Pass Authorized This section to be cor (Y or N)			ompleted by a Vis	rity	Job Location(s)				
Signature		Date							
Printed Name					Phone	Phone			
Privacy Act Statement									
individual identities and to Disclosure: Disclosure is ve	To apply for a Contractor a means of identification for locate individuals when nec pluntary, however failure to	/Sub Contractor authorization Contractor employees while o essary. It may on some occasic provide the requested informa or denial of privileges affordec	on the USNA/NSAA com ons be released to othe ation will result in bein	nplex. All information is r er government or law en g denied the intended se	forcement agencies for	official purposes o	only.		
			Vehicle Inf	ormation					
This section required only for applicants approved to drive on the facility									
Year	Make		Model		Color				
VIN			Registration/P	late	_	State			
Driver's License (DL)			DL State						