

**Army & Air Force Exchange Service  
Background Check for Vendors/Contractors**

*Email inquiries to HQCS-FPBadgeRequest@aafes.com  
Fax completed form to (214) 465-2292*

**APPLICATION FOR ACTIVITY ACCESS**

I hereby acknowledge understanding, that with the voluntary completion of this application, I am requesting access to a Department of Defense (DOD) facility. I hereby authorize Force Protection, which may be in the files of any federal, state, or local law enforcement agencies.

**Privacy Act Statement**

**AUTHORITY:** 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended.  
**PRINCIPAL PURPOSES:** To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized for DoD benefits and privileges. To authenticate the identity of the authorizing/verifying official for security or auditing purposes.  
**ROUTINE USES:** To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas.  
**DISCLOSURE:** Voluntary, however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits if otherwise authorized.

**PRINT CLEARLY FOR TIMELY PROCESSING**

Full Name (Last)	First	Middle	Maiden Name	Gender
Social Security Number	Driver License Number	Driver License State of Issue	Phone/Area Code	
Address (Home)				
Date of Birth (dd/mmm/yyyy)	Place of Birth (City)	Place of Birth (State)	Country of Birth	
Color Hair:	Color Eyes:	Height:	Weight:	

I understand that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Have you ever been convicted of a felony?  Yes  No If Yes. How many years since conviction? \_\_\_\_\_ Years

**CITIZENSHIP**

I attest, under penalty of perjury, that I am (check one of the following): \*\*\*

<input type="checkbox"/> A Citizen of the United States	Or Country of Citizenship: _____
<input type="checkbox"/> A Lawful Permanent Resident.	Alien Registration Number - A: _____
<input type="checkbox"/> An Alien with Employment Authorization Document (EAD)	Employment Authorization Document Number: _____

\*\*\* All Non-Citizen's must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with application. Access to the activity will not be authorized without this information.

**Vehicle Information**

Veh. Make	Veh. Model	Veh. Color	License Plate #	State of Issuance
Contact Phone # at work:		Cell #:	Email Address	

**Reason for Access**

<input type="checkbox"/> Delivery	<input type="checkbox"/> Contractor	<input type="checkbox"/> Vendor	<input type="checkbox"/> Other _____
Company/Contractor Name:	Company/Contractor Phone #:	Area of Worksite	
Contract No.	Contract Expiration Date	How long will you need access?	
Point of Contact (POC) Name:	POC'S Phone #:	<b>Pass Request</b>	Start Date End Date

I agree to return the badge to the Security Officer upon termination of employment, completion of business transactions or any other reason that may cancel or alter my privilege for entry to the Station. I hereby agree to and certify that the above information and statements are true. I further agree to abide by all rules and regulations of this activity and subject myself and/or vehicle to search or detention for protection of information or property of the U.S. Government.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Processing (For CS-FP Only)**

Agency Certifying Official	Identification Verified	Identification #	Photo Copy Retained <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Activity Pass Information</b>	<input type="checkbox"/> Activity Paper Pass	<input type="checkbox"/> Activity Photo Pass	<input type="checkbox"/> CAC Identification (White)
	<input type="checkbox"/> CAC Identification (Green)	<input type="checkbox"/> CAC Identification (Red)	<input type="checkbox"/> Other
	Activity Pass Number	Issue Date	Expiration Date