

**APPLICATION FOR INSTALLATION ACCESS
(FOR NON U.S. CITIZEN APPLICANTS ONLY)**

DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRINCIPAL PURPOSE: Provide necessary information to determine if applicant meets the access control requirements. Use of Driver's License is necessary to make positive identification of the applicant.

ROUTINE USE: None.

DISCLOSURE IS VOLUNTARY: However, failure to provide information requested may delay or preclude access to the installation.

SECTION I. Should be completed by the sponsor requesting personnel listed below inclusion to the Installation Access Roster to permit entry to the U.S. Army, Presidio of Monterey, California. Sponsor will be responsible for all actions of their guests while on the installation.

SECTION II is for information on Non-U.S. Citizen applicants.

SECTION I. SPONSOR'S INFORMATION

SPONSOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL

SPONSOR'S WORK PHONE (Area Code and Number)

SPONSOR'S ORGANIZATION

SPONSOR'S SSN (Verification required in DEERS/DBIDS)

DATE OF BIRTH (MM/DD/YYYY)

CONTRACT EXPIRATION DATE (Contractors only)

PURPOSE OF VISIT (Please provide details in the space provided below)

Mission Requirement

Other

TYPE OF REQUEST

ACCESS ROSTER

DBIDS CARD

INITIAL REQUEST

RENEWAL

SIGNATURE

DATE

SECTION II. INFORMATION ON NON-U.S. CITIZEN APPLICANT(S)

1. LAST NAME, FIRST NAME, MIDDLE INITIAL

DRIVER'S LICENSE NUMBER

ISSUING STATE

DATE OF REQUESTED ACCESS (MM/DD/YYYY)

TIME OF REQUESTED ACCESS

FROM

TO

FROM

TO

DAYS REQUESTED ACCESS

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

CITIZENSHIP

COUNTRY OF BIRTH

DATE OF BIRTH (MM/DD/YYYY)

PASSPORT NUMBER

DATE OF ISSUE (MM/DD/YYYY)

PLACE OF ISSUE

VISA NUMBER

DATE OF ISSUE (MM/DD/YYYY)

PLACE OF ISSUE

ALIEN REGISTRATION NUMBER

DATE OF ISSUE (MM/DD/YYYY)

PLACE OF ISSUE

2. LAST NAME, FIRST NAME, MIDDLE INITIAL

DRIVER'S LICENSE NUMBER

ISSUING STATE

DATE OF REQUESTED ACCESS (MM/DD/YYYY)

TIME OF REQUESTED ACCESS

FROM

TO

FROM

TO

DAYS REQUESTED ACCESS

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

CITIZENSHIP

COUNTRY OF BIRTH

DATE OF BIRTH (MM/DD/YYYY)

PASSPORT NUMBER

DATE OF ISSUE (MM/DD/YYYY)

PLACE OF ISSUE

VISA NUMBER

DATE OF ISSUE (MM/DD/YYYY)

PLACE OF ISSUE

ALIEN REGISTRATION NUMBER

DATE OF ISSUE (MM/DD/YYYY)

PLACE OF ISSUE

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SECTION II. INFORMATION ON NON-U.S. CITIZEN APPLICANT(S) (Continuation page)

3. LAST NAME, FIRST NAME, MIDDLE INITIAL		DIVER'S LICENSE NUMBER	ISSUING STATE
DATE OF REQUESTED ACCESS (MM/DD/YYYY) FROM <input type="text"/> TO <input type="text"/>		TIME OF REQUESTED ACCESS FROM <input type="text"/> TO <input type="text"/>	
DAYS REQUESTED ACCESS <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY			
CITIZENSHIP	COUNTRY OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)	
PASSPORT NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	
VISA NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	
ALIEN REGISTRATION NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	

4. LAST NAME, FIRST NAME, MIDDLE INITIAL		DIVER'S LICENSE NUMBER	ISSUING STATE
DATE OF REQUESTED ACCESS (MM/DD/YYYY) FROM <input type="text"/> TO <input type="text"/>		TIME OF REQUESTED ACCESS FROM <input type="text"/> TO <input type="text"/>	
DAYS REQUESTED ACCESS <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY			
CITIZENSHIP	COUNTRY OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)	
PASSPORT NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	
VISA NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	
ALIEN REGISTRATION NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	

5. LAST NAME, FIRST NAME, MIDDLE INITIAL		DIVER'S LICENSE NUMBER	ISSUING STATE
DATE OF REQUESTED ACCESS (MM/DD/YYYY) FROM <input type="text"/> TO <input type="text"/>		TIME OF REQUESTED ACCESS FROM <input type="text"/> TO <input type="text"/>	
DAYS REQUESTED ACCESS <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY			
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ALIEN REGISTRATION NUMBER	DATE OF ISSUE (MM/DD/YYYY)	PLACE OF ISSUE	

FOR LAW ENFORCEMENT USE ONLY

DATE NCIC III CONDUCTED	DISQUALIFYING FACTORS <input type="checkbox"/> YES <input type="checkbox"/> NO
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FOR APPROVING AUTHORITY USE ONLY

<input type="checkbox"/> APPROVED	PRINTED NAME	SIGNATURE	DATE
<input type="checkbox"/> DISAPPROVED			