

## DIRECTORATE OF EMERGENCY SERVICES (DES) FORT LEAVENWORTH, KS ACCESS CONTROL CENTER (January 2014)

## **ACCESS CREDENTIAL APPLICATION**

LAST NAME:	(Please print legible in all blocks)	
*PERSONAL INFORMATION:		
Name of Applicant (First, Middle, Last):		
Date of Birth (day/month/year):	Social Security Number:	
Driver's License or State ID Number:		State:
Address:		City:
State: Zip	Code:	City:Ethnicity:
Home Phone:	Cell Phone:	Male or Female?
Place of birth (city and state):		Male or Female?
VEHICLE INFORMATION:		
	Model·	Color <sup>.</sup>
License Plate #	State:	Color: Expiration Year:
	0.0.0.	
ADMINISTRATIVE INFORMATION:		
Have you previously applied for the access cre	dential? YES	NO
Location of Work Site on Fort Leavenworth:		
Expected Month/Year of Completion:	Are You Fi	ull Time? or Part Time?
What hours do you work?		
HAVE YOU EVER BEEN ARRESTED OR CO STATE? YES NO IF YES, PLEASE EXPLAIN:		IN THE STATE OF KANSAS, OR ANY OTHER
*The above information will be used to cond		
PURPOSE OF ACCESS: What is your purpose for access?		
*************	***FOR OFFICE USE ONL'	Y*************************************
CLEAR COPS? Y/N DATE/INITIALS	CLEAR NCIC? Y/N DATE/INITIALS	
CLEAR III? Y/N DATE/INITIALS	CLEAR KS HOT FILE	S? Y/N DATE/INITIALS
DES PHYSICAL SECURITY OFFICE:  APPROVED	DIS	SAPPROVED
Remarks:		

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

- 1. AUTHORITY: 10 U.S.C. Section 3012
- 2. 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.
- 3. ROUTINE USES: To Federal, State, and local activities for use in security background checks.
- 4. DISCLOSURE: Mandatory. If not provided, the individual would not be approved for a credential.