

FOR OFFICIAL USE ONLY

EGLIN AIR FORCE BASE ACCESS AFFIDAVIT

PRIVACY ACT STATEMENT

AUTHORITY: Section 3101, Title 44, United States Code, AFI 33-332, 5 USC 552A.

PURPOSE: Used for requesting personal information to assist security personnel in developing records to document contractor employee suitability for access to Eglin Air Force Base, Florida to work under Air Force contracts. The 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 Eglin Air Force Base as well as for other lawful purposes including law enforcement and litigation.

ROUTINE USES: All contractors, subcontractors, unit's or sponsoring activities who have employees not authorized a Command Access Card or security clearance and requires access to Eglin Air Force Base in performance of their official duties, and/or whose contract expires in less than one year.

DISCLOSURE: Disclosure of requested information is voluntary. Failure to provide information could result in access privileges being refused or withdrawn.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.

COMPANY

NAME	PHONE
WORK SITE LOCATION	TYPE OF WORK(Employee)

AUTHORIZATION TO ENTER EGLIN AFB FOR BUSINESS PURPOSES ONLY

DAYS OF WEEK(Check on that Apply)	HOURS
<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	EARLIEST ENTRY HOUR LATEST ENTRY HOUR

CONTRACTOR

NAME (Last, First, Middle (Add Suffix Sr., Jr. after last name))	SSN	
OTHER NAMES ALSO USED (If none, write "NONE")	HOME PHONE	
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE
BIRTHPLACE (City/State/Country)	COUNTRY OF CITIZENSHIP	
RESIDENT ALIEN NUMBER OR IMMIGRATION DOCUMENT NUMBER AND DESCRIPTION		

STREET ADDRESS (No P.O. Boxes)	CITY	STATE	ZIP CODE		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT

PHYSICAL BODY CHANGES OR TATTOOS

THE INFORMATION ON THIS FORM IS BEING COLLECTED IN ACCORDANCE WITH FEDER LAW PERMITTING THE INSTALLATION COMMANDER TO LIMIT ACCESS TO THE INSTALLATION FOR SECURITY REASONS (50 U.S.C. 797 AND DoD INSTRUCTION 5200.8). THIS DATA WILL BE USED TO SCREEN INDIVIDUALS WHO HAVE OR ARE ARE SEEKING ACCESS TO EGLIN AIR FORCE BASE, FLORIDA. FAILURE TO PROVIDE TRUTHFUL, COMPLETE AND ACCURATE RESPONSES MAY BE USED AS A BASIS TO DENY ENTRY TO EGLIN AIR FORCE BASE AND IS ALSO PUNISHABLE AS A CRIMINAL OFFENSE.

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PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BY CHECKING THE CORRECT ANSWER. THE INFORMATION YOU PROVIDE WILL BE VERIFIED THROUGH STATE AND FEDERAL CRIMINAL HISTORY RECORD CHECKS.

	YES	NO
CAN U.S. CITIZENSHIP, IMMIGRATION STATUS, OR SOCIAL SECURITY ACCOUNT NUMBER BE VERIFIED?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN BARRED FROM ENTRY/ACCESS TO ANY FEDERAL/MILITARY INSTALLATION OR FACILITY?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WANTED BY FEDERAL OR CIVIL LAW ENFORCEMENT AUTHORITIES, REGARDLESS OF OFFENSE/VIOLATION (i.e., an "order to arrest" has been issued by a judge) ?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN CONVICTED OF ANY OFFENSE THAT INVOLVED VIOLENCE IN THE WORKPLACE?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN CONVICTED OF ANY VIOLENT CRIMINAL OFFENSE THAT RESULTED IN DEATH?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN CONVICTED OF ANY OFFENSE THAT INVOLVED USE OF A WEAPON?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN INCARCERATED FOR 12 MONTHS OR LONGER , REGARDLESS OF OFFENSE/VIOLATION, UNLESS RELEASED ON PROOF OF INNOCENCE?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF ESPIONAGE, SABOTAGE, TREASON, OR TERRORISM OR MURDER?	<input type="checkbox"/>	<input type="checkbox"/>
DOES YOUR NAME APPEAR ON ANY FEDERAL AGENCY'S "WATCH LIST" OR "HIT LIST" FOR CRIMINAL BEHAVIOR OR TERRORIST ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN PREVIOUSLY DENIED ACCESS TO ANY DOD INSTALLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN CONVICTED OF FIREARMS OR EXPLOSIVES VIOLATION?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN CONVICTED OF SEXUAL ASSAULT/ROBBERY, RAPE, CHILD MOLESTATION, DRUG POSSESSION WITH INTENT TO SELL, DRUG DISTRIBUTION, OR TRAFFICKING IN HUMANS?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A REGISTERED SEX OFFENDER?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU AN UNDOCUMENTED, NON-US., CITIZEN (FOREIGN NATIONAL)?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE TO APPLICANT: ATTESTATION

I UNDERSTAND THAT BY SIGNING THIS APPLICATION, THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS PROVIDED IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS APPLICATION CAN BE PUNISHED BY BARMENT FROM THE INSTALLATION, A FINE, IMPRISONMENT OR BOTH. (18 U.S.C. SECTION 1001).

FURTHER, I UNDERSTAND THAT UNDER THE AUTHORITY OF 50 U.S.C. SECTION 797 AND DoDI 5200.8, THE INSTALLATION COMMANDER HAS IMPOSED A CONTINUING OBLIGATION FOR ME TO DISCLOSE TO EGLIN AIR FORCE BASE, WITHIN 24 HOURS, IF I AM CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY OF ANY OF THE ABOVE CRIMINAL OFFENSES THAT OCCURS WHILE I HAVE UNSCORTED ACCESS AUTHORITY WITHIN EGLIN AIR FORCE BASE.

APPLICANT NAME *(print legibly)*

APPLICANT SIGNATURE

DATE

COMPANY NAME

COMPANY REPRESENTATIVE NAME

COMPANY REPRESENTATIVE SIGNATURE



DEFENSE LOGISTICS AGENCY
DISPOSITION SERVICES EGLIN
210 TRANSPORTATION ROAD, BLDG 525
EGLIN AFB, FL 32542-5212



MEMORANDUM TO DLA DISTRIBUTION SERVICES EGLIN CUSTOMERS

July 15, 2013

FROM: DLA Disposition Services Eglin Security Manager

SUBJECT: Procedures for Access to Eglin Air Force Base, Florida for Civilian Individuals
(NOTE: This includes anyone that does not possess a DoD Identification Card and commercial carriers)

1. Individuals that need access to Eglin Air Force Base, Florida to conduct official business with DLA Disposition Services Eglin will be required to complete a background check, in the form of an affidavit, at least 4 business days prior to the requested date of access, and a memorandum (Visitor Memorandum for Official Business) requesting a visitor pass at least 3 business days prior to the date of the pick-up / drop-off.
2. Those requesting access will send all paperwork to the DAL Disposition Services Eglin Security Manager via regular mail, fax or scan to email. A legible hard copy is needed for submission to the base security office for processing. If using regular mail, please send at least 10 days in advance of access request.
Mail to: DLA Disposition Services Eglin, 210 Transportation Rd., Bldg 525, Eglin AFB, FL 32542
Email to: lyle.weiszhaar@dla.mil
Fax to: (850) 882-3732 or DSN: 872-3732
3. Once the individual has submitted the affidavit and is authorized on base, they will remain in the base system for twelve (12) months. During those 12 months, if the individual needs to return to DLA Disposition Services Eglin, they will only be required to submit the "Visitor Memorandum for Official Business" at least 3 business days in advance of the needed access. Once the 12 month period has expired a new affidavit will need to be re-accomplished.
4. Commercial carriers are requested to have all drivers that may be used for shipments to or from DLA Disposition Service Eglin on Eglin Air Force Base, Florida, complete and submit an affidavit as soon as possible, but at least within the required time frame of 4 business days prior to deliveries. The alternative is that commercial carriers identify a group of personnel for deliveries on to or from DLA Disposition Services Eglin and submit a letter identifying those drivers with their completed affidavits.

5. All information contained in the affidavit and request letters will be protected under the Privacy Act of 1974. Any disclosures of this information will follow and are permitted under 5 U.S.C. 552(b) of the Privacy Act, and these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). Providing the information requested in the affidavit is completely voluntary however, failure to do so will result in denial of access to Eglin Air Force Base, Florida by the 96 Security Forces and base security function.
6. DLA Disposition Services Eglin is a liaison to the Base Security Forces and does not process the affidavit or badge requests. We are only here to validate the accuracy of the paperwork and submit it to the base Security Forces. We do not have any control of the processing of the paperwork submitted to the base Security Forces and cannot expedite processing. Although we receive notification when the paperwork is completed, we are not informed of why a request is denied.
7. Please address any concerns or questions regarding the submission process to Lye Weiszhaar at (850) 883-4502, or Marie Wilbanks at (850) 883-2224. This process / requirements is effective immediately.



LYLE WEISZHAAR
Security Manager
DLA Disposition Services Eglin

Attached:
Eglin Air Force Contractor Access Badge Affidavit
Visitor Memorandum Format (for submission each time access is needed)