

### Request for Access to Tobyhanna Army Depot

Use in accordance with " Directive Type Memorandum (DTM)" 09-012 " Interim Policy Guidance for DoD Physical Access Control" dated 22 Apr 14

Proponent Office is ELTY-ISR-S

#### PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Section 3013

PRINCIPAL PURPOSE(S): In conjunction with "Directive Type Memorandum (DTM)" 09-012 "Interim Policy Guidance for DoD Physical Access Control", dated 22 Apr 14, this form is intended to ensure that force protection measures are implemented for all non-DoD - credentialed personnel who request access to the installation.

ROUTINE USES: To control and maintain force protection requirements.

DISCLOSURES: Voluntary civilian. Failure to provide information deemed "mandatory" may result in a processing delay of your request for access or a denial of your request.

Application Date	<input type="text"/>	Date of Anticipated Visit or Yellow Contractor Badge Expiration Date	Areas of TYAD to be Visited
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Reason for Request for Criminal History Background Check **Please check one of the following options**

Yellow Contractor Badge  Access to Installation

First Name	Middle Name	Last Name
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Other Names Used

Street Address	City	State	Zip Code
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Home Telephone Number	Sex	Race	Country Place of Birth	State Place of Birth	(If not born within the U.S.) Provide U.S. Passport, Green Card, or Naturalization Certificate
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Date of Birth:	Social Security Number	Driver's License State of Issurance	Driver's License Number
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Tobyhanna Federal Employee POC	Tobyhanna Federal Employee POC Phone Number	Tobyhanna Federal Employee POC Directorate
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Tobyhanna Federal Employee Point of Contact E-mail Address

#### This Area To Be Completed Only If You Are A Contractor or Vendor

Name Of Company (No Abbreviations)

Company POC	Company Address	City	State	Zip Code
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Company POC Phone Number	Company POC Fax Number	Company POC Email address
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#### CRIMINAL HISTORY BACKGROUND CHECK RELEASE AND CONSENT

I hereby authorize the Tobyhanna Army Depot Security Branch to receive any criminal history/background information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency/organization. I understand that a criminal history background check will be used to determine access to Tobyhanna Army Depot and that access to Tobyhanna Army Depot can be revoked at any time.

**PLEASE TAKE NOTICE THAT ONE OR MORE CRIMINAL BACKGROUND REPORTS PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. 1681 ET SEQ, MAY BE OBTAINED FOR THE PURPOSES OF ACCESS TO TOBYHANNA ARMY DEPOT. SHOULD A DECISION TO DENY ACCESS BE MADE BASED EITHER IN PART OR IN WHOLE ON THAT REPORT, THE REPORTING AGENCY THAT PROVIDED THE INFORMATION PLAYED NO ROLE IN THE DECISION.**

Information provided by you on this form will be furnished to Tobyhanna Army Depot's Security Branch to obtain information in connection with an investigation to determine access to Tobyhanna Army Depot. This information is collected for national security and force protection purposes. Use of this form does not relieve any contractor of any requirement to perform a criminal background check or drug test.

Please answer the following questions and report information truthfully; regardless of whether your case has been "sealed", expunged or otherwise stricken from the court record. The single exception to this requirement is certain convictions under the Federal Controlled Substances Act-cases for which the court has issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

If the answer is "yes" to any of these questions, please list the actual offense or violation (for example: theft, DUI, battery, etc).

1. Are you currently barred from ANY military installation? If YES, for what offense (s)?	YES	NO
	<input type="radio"/>	<input type="radio"/>
2. Have you ever been arrested for, charged with, or convicted of a sex offense? Are you a registered sex offender? If YES, list the offense, date and jurisdiction. Offense _____ Date _____ Jurisdiction _____	<input type="radio"/>	<input type="radio"/>
3. Have you ever been charged with or convicted of a felony? If YES, list the offense, date and jurisdiction. Offense _____ Date _____ Jurisdiction _____	<input type="radio"/>	<input type="radio"/>
4. Have you ever been charged with or convicted of a firearms, weapons, or explosives offense? If YES, list the offense, date and jurisdiction. Offense _____ Date _____ Jurisdiction _____	<input type="radio"/>	<input type="radio"/>
5. Have you ever been charged with or convicted of any offense related to alcohol or drugs? If YES, list the offense, date and jurisdiction. Offense _____ Date _____ Jurisdiction _____	<input type="radio"/>	<input type="radio"/>
6. In the last 7 years, have you been subject to a court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captains's mast, etc.) *If YES, list the offense, date and jurisdiction. Offense _____ Date _____ Jurisdiction _____	<input type="radio"/>	<input type="radio"/>
7. In the last 10 years, have you been arrested for, charged with, or convicted of any other offense not listed above? ( Include misdemeanors) Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related. If YES, list the offense, date and jurisdiction. Offense date _____ Date _____ Jurisdiction _____	<input type="radio"/>	<input type="radio"/>
8. Are you currently on parole or probation? If YES, for what offense(s)?	<input type="radio"/>	<input type="radio"/>
9. Are you a United States Citizen? If no, please list your country of citizenship, registration number, and the expiration date of your work permit. Country of Citizenship _____ Registration Number _____ Expiration of your work permit _____	<input type="radio"/>	<input type="radio"/>
10. Do you currently have or have you ever been issued a security clearance by the United States government? If yes, please provide details on where the clearance was issued and the status of the clearance. A Tobyhanna government issued badge is not a security clearance. Clearance Issued _____ Status of Clearance _____	<input type="radio"/>	<input type="radio"/>

**APPLICANT CERTIFICATION**

**I certify that, to the best of my knowledge and belief, all of the information provided on this request for access to Tobyhanna Army Depot is true, correct, complete and made in good faith. I understand that false, fraudulent, or incomplete information may be grounds for the denial of my request or for the revocation of access to Tobyhanna Army Depot and may be punishable by fine or imprisonment. I understand that any information I provide may be investigated.**

Name of Applicant (Print): \_\_\_\_\_

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

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

