

FORT CAMPBELL

VISITOR'S TEMPORARY PASS APPLICATION (NTE 90 DAYS)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; Army Regulation 190-13, The Army Physical Security Program and E.O. 9397 (SSN). PURPOSE(s): To support Department of the Army physical security and access control programs; Information Assurance program; to record personal data and vehicle information registered with the Department of the Army; to provide a record of security/access badges issued; to restrict entry to installations and activities; to ensure positive identification of personnel authorized access to restricted areas; to maintain accountability for issuance and disposition of security/access badges and for producing installation management reports. ROUTINE USES: records maintained in the system, including categories of users and the purposes of such uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, 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) as follows: The DoD 'Blanket Routine Uses' also apply to this system of records. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. SAFEGUARDS: Data maintained in secure buildings accessed only by personnel authorized access. Computerized information protected by alarms and established access and control procedures.

Please email completed forms from a **Department of Defense, Government email account ONLY** to usarmy.campbell.imcom-atlantic.mbx.des-access-control@mail.mil at least 72 hours prior to arrival. Submittals from non-DoD accounts (e.g. personal, corporate, municipal etc.) will be rejected. Application may be submitted in person by a DOD ID Card holder at VCC 7.

VISITOR INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

DRIVER LICENSE/STATE ID # _____ STATE OF ISSUE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

COMPANY/ORGANIZATION (If Applicable) _____

DATE(S) OF VISIT (mm/dd/yyyy) (FROM _____ (TO) _____

PHONE _____ PURPOSE _____

SPONSOR INFORMATION

LAST NAME _____ FIRST NAME _____ RANK _____

ADDRESS _____

SPONSORS UNIT _____

PHONE _____ RELATIONSHIP TO SPONSOR _____

VALID FORMS OF IDENTIFICATION FOR ACCESS VERIFICATION

1. STATE ISSUED DRIVERS LICENSE (Am. Samoa, MN, MO, & WA are no longer valid ID's. Escort will be required.)*
2. STATE ISSUED CARD (Am. Samoa, MN, MO, & WA are no longer valid ID's. Escort will be required.)*
3. DA FORM 1602 (CIVILIAN IDENTIFICATION CARD AND GOLD STAR FAMILY)
4. VALID US PASSPORT OR PASSPORT CARD
5. TRANSPORTATION WORKER IDENTIFICATION CREDENTIAL (TWIC)
6. VALID FOREIGN PASSPORT WITH I-551 STAMP OR WITH INS FORM I-94 OR I-94A (Escort required.)
7. FORM I-766 WITH PHOTOGRAPH (EMPLOYMENT AUTHORIZATION DOCUMENT) (Escort required.)

* Drivers licenses/state-issued ID's from any state with the imprint '**Enhanced Driver's License/Enhanced Identification Card**' **ARE** valid forms of ID and holders do not require escort. Drivers licenses/state-issued ID's with the imprint '**Not for Federal Identification**' **ARE NOT** acceptable forms of ID and an escort will be required.

FOR OFFICE USE ONLY

YES

NO

Date of NCIC III Check (mm/dd/yyyy) _____

Clear for Access: