

## 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, units 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 Failure to provide information could result in access privileges being refused or withdrawn.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

**GATE TO GATE RUN**TYPE OF WORK *(Employee)*

## AUTHORIZATION TO ENTER EGLIN AFB FOR BUSINESS PURPOSES ONLY

DAYS OF WEEK *(Check on that Apply)*
☐ MONDAY    ☐ TUESDAY    ☐ WEDNESDAY    ☐ THURSDAY  
☐ FRIDAY    ☐ SATURDAY    ☐ SUNDAY

HOURS

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

☐ MALE

RACE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

☐ FEMALE

PHYSICAL BODY CHANGES OR TATTOOS

THE INFORMATION ON THIS FORM IS BEING COLLECTED IN ACCORDANCE WITH FEDERAL 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 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.

**FOR OFFICIAL USE ONLY**

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 CIVILIAN LAW ENFORCEMENT AUTHORITIES, REGARDLESS OF OFFICE/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 OR THE ABOVE CRIMINAL OFFENSES THAT OCCURS WHILE I HAVE UNESCORTED ACCESS AUTHORITY WITHIN EGLIN AIR FORCE BASE.

APPLICANT NAME *(print legibly)*

APPLICANT SIGNATURE

DATE

COMPANY NAME

COMPANY REPRESENTATIVE NAME

COMPANY REPRESENTATIVE SIGNATURE