DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 113, Seccetary of Defense: OoD Directive 1000.25, OoD Personnel Identity Protection (PIP) Program; DoD instruction 5200.08, Security of DoD installations and Resources and the OoD Physical Security Review Board (PSRB): DoO 5200.08-R. Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos): Directive-Type Memorandum (OTM) 09-012, Interim Policy Guidance for DoO Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Serl/ices Application (IMESA) Access lo FBI National Crime Information Center (NCICI Files; and E.O. 9397 (SSN), as amended: OPNAVINST 5530.14E, Navy Physical Security and Law Enforcement Program; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual SORNNM05512-2 Badge and Access Control System Records and OMOC 16. Identity Management Engine for Security and Analysis (IMESA): http://dpcld.defense.gov/Privacyl SORNsIndex

PURPOSE(SI: To control physical access to Department of Defense (OoO). Department of the Navy (DON) or U.S. Marine Corps Inslallations/Units controlled information, installations facilities, or areas over which OoO, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processingftnformation services for designated populations for purposes of protecting U.S./CoalilionIallied govemmenVnational security areas of responsibility and information: to issue badges, replace losl badges, and retrieve passes upon separalion: to maintain visilor statistics: collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granling Navy officials access to their facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may resull in denial of access to benefits, privileges, and DoD installations. facildies and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME: | FIRST NAME: 2. | 3. MIDDLE NAME: | NAME SUFFIX: ☐ Jr. ☐ Sr. ☐ I ☐ 10 ☐ 1 ☐ IV

5. RACE (Check one or more): ☐ AMERICAN INOIAN 0< ALASKA NATIVE ☐ ASIAN ☐ BLACK or AFRICAN AMERICAN ☐ HISPANIC OR LATINO ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ ITE

6. SEX (Check one): ☐ MALE ☐ FEMALE | 7. DATE OF BIRTH: | 8. CITY OF BIRTH: | 9. STATE OF BIRTH: | BIRTH COUNTRY: 110.

11. US CITIZEN (Check): ☐ YES ☐ NO 112. DUAL CITIZENSHIP: ☐ ES 0NO CITIZENSHIP IF OTHER THAN US (Country) :

U.S. Citizen Minimum Documentation Required:
By Birth- Social Security No and/or State ID/Drivers License.
Naturalized - Certification Number, Petition Number. Date. Place and Court. United States passport number. Social Security No and/or State ID/Drivers License.
Derived - Parent's certification number. Social Security No and/or State ID/Drivers License.
Allen Minimum Documentation Required:
Registration Number, Expiration date, Date of entry, Port of entry.

13. IDENTITY SOURCE DOCUMENTS PRESENTED:	14. DOCUMENT NUMBER:	15. ISSUED BY STATE/COURT:	16. ISSUED BY COUNTRY:	17.ISSUED;	18. EXPIRES,
D Social Security No.			United States		
D State ID/Drivers License			United States		
D Passport No.					
☐ Certification Number and Petition Number					
☐ Derived - Parent's Certification Number:			United States		
D Alien Registration No.			United States		
		Date of Entry:	Port of Entry:		

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

☐					
☐					

19. WEIGHT (Pounds): | 20. HEIGHT (Inches}: | 21. HAIR COLOR (Check one): ☐ Blond ☐ Brown ☐ Black ☐ Gray ☐ Red ☐ V\lhite ☐ Silver ☐ Auburn ☐ Bald | 22. EYE COLOR (Check one)' ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Gray ☐ Violet ☐ Unknown

23. HOME ADDRESS (Include city, state, zip code), | HOME PHONE (Include Area Code},

24. BASE SPONSOR'S NAME: WREATHS ACROSS AMERICA/ Mr. Russell Gautreaux | SPONSOR PHONE (Include Area Code)' 904-622-6500

EMPLOYMENT ACTIVITY INFORMATON

25 EMPLOYER NAME AND ADDRESS (In lude city/state/zip ,oc1e,	EMP 0YER PHONE (Inc,'ude Area Code}
26 SUPERVISOR NAME AND ADDRESS ftinc/ude city/slate/zip code}	SUPERVISOR PH0NE(Inc/ude Area Code}

27, Check the applicable box for WORK HOURS box or check the 0TH ER box and enter the work hours, then check the applicable box for WORK DAYS

WORK HOURS ☐ 0600-1800 ☐ 0800-1700 ☐ OTHER _____ WORKDAYS; ☐ N ☐ M ☐ ☐ W ☐ H ☐ F ☐ r

PRIOR FELONY CONVICTIONS

28, Have you ever been convicted of a Felony? ☐ YES ☐ O - - - Inilial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

29. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when t expires or if my employment is terminated for any reason.

☐ (initial)

AUTHORIZATION AND RELEASE AND CERTIFICATION

30, I hereby authorize the DODfDON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to. the Federal Bureau of Investigation (FBI). the Defense Security Service (DSS), the U S. Department of Homeland Security (DHS).

t have been notified of DON right to perform minimal vetting and fitness determination as a condition of access lo DON installaliontfac11ities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available lo me under the law. I also understand that th- information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding. now and in the future, on my heirs, assigns. associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. COMPLETE AND CORRECT.

DATE _____ SIGNATURE _____

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled Installations/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTY PROOFING and NCIC CHECK

31. INFORMATION VERIFIED BYi	32. ENTERED IN C/S SYSTEM BY:	33. PASS ISSUE DATE:	34. PASS EXPIRATION DATE:

35. NCIC CHECK PERFORMED BY:	36. RESULTS OF NCIC CHECK: ☐ NO RECORDS ☐ RECORD IDENTIFIER RECORD NUMBER:	37. RESULTS OF LOCAL RECORDS CHECK: O N O RECORD_S ☐ RECORD IDENTIFIER RECORD NUMBER:

Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09 012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a sitar is; 1) not on a terrorist watch list. 2) not on an DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752,3 established the Navy·s policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohib·t sex offender access to DoN facilities and Navy owned. leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor, and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.

Instruction for completing the Local Population Access Registration Form

INSTRUCTIONS Please complete all information in black ink printed or by typing. By voluntarily proWding your Personal Information. you agree to the following terms and restrictions

RESTRICTIONS. Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the spec ic business/purpose issued. Applicants are rem inded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass, Additionally, such action may result in debarment from the base and legal action. The Base Command ng Officer has discretion over specifying the period of valklity for any Local Population ID Cards/Base Access Passes that are issued under his/her 1urlsdiction

Review the Pnvacy Al Statement that is printed at the top of the form

Block 1: Enter the Last Name,
Block 2: Enter the First Name
Block 3: Enter the Middle Name.
Block 4: If applicable, check the box for Name Suffix.
Block 5: Check the applicable box for Race.
Block 6: Check the applicable box for Gender.
Block 7: Enter Oate of Birth,
Block 8: Enter City of Birth
Block 9: Enter State of Birth.
Block 10, Enter Country of Birth.
Block 11: Check the applicable box for US Citizenship.
Block 12 If not a US Cibzen, enter the name of the Country of Citizenship,
Block 13: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form Check the box for the type of Documents that will be presented for fdentity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present.
Block 14, Enter the Document Number located on the Identity Proofing Source document that was checked in Block 13.
Block 15: Enter the State that issued the Identity Source Document.
Block 16 Enter the Country that issued the Identity Source Document.
Block 17 Enter the Date that the Identity Source Document was issued
Block 18 Enter Ihe Date that the Identity Source Document will expire.
Block 19 Enter Weight in pounds.
Block 20 Enter Height in inches.
Block 21 Check the applicable box for Hair Color.
Block 22 Check the applicable box for Eye Color.
Block 23 Enter Home Address Includ ng Cily, State, Zip Code, and Home Telephone Number.
Block 24 Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number,
Block 25: Enter Employer Name and address including City. State, Zip Code, and Employe(s Telephone Number.
Block 26 Enter Superviso(s Name Including City, State, Zip Code, and Supervisor's Telephone Number.
Block 27, Check the applicable box for Work Hours box or check the OTHER box and enter the work hours then check applicable boxes for Work Days.
Block 28 Check the applicable answer if you have been convicted of Felony and enter initials.
Block 28, Check the applicable box for felony convicbon,
Block 29' Enter 1nit1als to accept terms for returning Local Population Identification Card,
Block 30; Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge,

UST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.
Must present one selection from List A or a combination of one selection from List Band one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establ lsh Identity	ANO	List C - Documents that Establish Employment Authorization
1. U.S. Passport or U.S Passport Card. 2. Permanent Resident Card or Alien Registration Receipt Card (Form 1-551). 3 Foreign passport that contains a temporary 1-551 stamp or temporary 1-551 printed notation on a machine-readable immigrant visa. 4. Employment Authorization Document that contains a photograph (Form 1-766). 5. For a nonimmigrant alien aulhonzed to work for a specific employer because of his or her status: a, Foreign Passport; and b, Form 1-94 or Form I-94A that has the following: (1) The same name as the passport: and 12) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form. 6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshal Islands (RM) with Form 1-94 or Form 1,94A indicating nonimmigrant admission under the Compact of Free Association Between the United Stated and FSM or RM.		1, Onver's license or 10 card issued by a State or outlying possession of the United States prolllded it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. 2, 10 card issued by federal, state or local government agencies or entities. provided it contains a photograph or information such as name. date of birth. gender, height. eye color, and address. 3, School ID card with a photograph 4. Vote(s registration card. 5. U.S. Military card or draft record. 6. Military dependent's ID card. 7. U.S. Coast Guard Merchant Mariner Card. 8. Native American tribal document. 9. Drive(s license issued by a Canadian government authority. For persons under age 18 who are unable to present a document listed above: 10. School record or report card. 11, Clinic. doctor, or hospital record. 12 Day-care or nursery school record.		1. A Social Security Account Number card unless the card includes one of the following restnctlons. (1) NOT VALID FOR EMPLOYMEMT (2) VALID FOR WORK ONY \MTH INS AUTHORIZATION, (3) VALID FOR WORK ONLY WITH OHS AUTHORIZATION, 2. Certification of Birth Abroad issued by the Department of State (Form FS-545). 3. Certification of Birth issued by the Department of State (Form DS-1360), 4, Original or certified copy of blrth certificate issued by a State. county, municipal authority or territory of the United States bearing an official seal. 5. Native American tribal document. 6. U.S. Citizen ID Card (Fomn 1-197), 7. Identification Card for Use of Resident Citizen in the United States (Fonn t-179). 8. Employment authorization document issued by the Department of Homeland Security.

The remainder of the form will be completed by the Base Registrar Person conducting Identify Proofing process and NCIC check.

AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information. 0MB 0703-0061. is estimated to average ten (10) minutes per response, including the lime for reviewing instructions, searching existing data sources, gathering and maintaining the data needed. and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense. Washington Headquarters Services. Executive Services at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to *any* penalty for failing to comply with a collection of information if it does not display a currently valid 0MB control number.

PLEASE DO NOT RETURN RESPONSE TO THE ABOVE ADDRESS.
Responses should be sent to the Base Registrar.

LOC FEOCON
POC Le"Aon La ence leron.aJawr nu.CN!lv=.navy.ffill,(703) 601-QIQ:4