

JOINT BASE ANACOSTIA-BOLLING LOCAL POPULATION ID/BASE ACCESS PASS REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF FORM

PRIVACY ACT STATEMENT: This information is protected under the Privacy Act of 1974. This form will be considered confidential when filled out.
 AUTHORITY: 10 U.S.C., Department of Defense Manual (DoDM) 5200.08 Volume 3, AFMAN 31-101_Volume 3 I.A.C. & AFI 31-101 Integrated Defense.
 PURPOSE(S): To control physical access to Department of Defense facilities over which the 11th Security Forces Squadron has law enforcement jurisdiction.
 ROUTINE USE(S): To designated contractors, Federal agencies, and foreign officials for the purpose of granting access to this DOD/USAF installation.
 DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to installation.

APPLICATION INFORMATION

1. LAST NAME:		2. FIRST NAME:		3. MIDDLES NAME:		4. SUFFIX:	
5. GENDER (CIRCLE ONE) MALE OR FEMALE		6. SOCIAL SECURITY NUMBER		7. DATE OF BIRTH:		8. CITY/STATE OF BIRTH:	
9. COUNTRY OF BIRTH:		11. CITIZENSHIP, IF NOT U.S. (COUNTRY):					
10. U.S. CITIZEN (CIRCLE ONE):		YES		NO			
12. WEIGHT (POUNDS):		13. HEIGHT (INCHES):		14. HAIR COLOR:		15. EYE COLOR:	
16. HOME ADDRESS (INCLUDE CITY, STATE, ZIP CODE):						17. CELL/HOME PHONE:	

IDENTIFICATION DOCUMENTS

18. STATE ID/DRIVER'S LICENSE:		19. STATE ISSUED		20. DATE ISSUED		21. DATE EXPIRES	
22. PASSPORT NUMBER		23. COUNTRY ISSUES		24. DATE ISSUED		25. DATE EXPIRES	
26. GREEN CARD NUMBER		27. DATE ISSUED		28. DATE EXPIRES			
29. OTHER APPROVED IDENTIFICATION				30. DATE ISSUED		31. DATE EXPIRES	

FOR CONTRACTORS/SERVICE/VENDER PROVIDERS: EMPLOYMENT ACTIVITY INFORMATION

32. COMPANY NAME AND ADDRESS (INCLUDE CITY/STATE/ZIP CODE):		33. COMPANY PHONE NUMBER	
34. SUPERVISOR NAME AND ADDRESS (INCLUDE CITY/STATE/ZIP CODE):		35. SUPERVISOR PHONE #:	

PRIOR FELONY CONVICTIONS

36. HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES	NO	INITIAL: _____
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REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

37. I UNDERSTAND THAT I AM REQUIRED TO RETURN MY LOCAL POPULATION IDENTIFICATION CARD TO THE JOINT VISOR CONTROL CENTER WHEN IT EXPIRES OR IF MY EMPLOYMENT IS TERMINATED FOR ANY REASON.		INITIAL: _____
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