

# SPONSORED PASS

## 1. APPLICANT INFORMATION:

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_

Social Security # (full SSN required): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male or Female

Driver's License # or State Identification # \_\_\_\_\_ State: \_\_\_\_\_

Justification for pass (reason for pass): Work Visiting Other: \_\_\_\_\_

Your destination on Fort Belvoir (address, bldg. # or bldg. name) \_\_\_\_\_

Email Address: \_\_\_\_\_ or Phone Number: \_\_\_\_\_

Applicant Certification: I certify the information provided is true and accurate, and I am providing it with the purpose of receiving a ACCESS PASS to allow access onto Fort Belvoir. I understand that I am required to turn in or destroy the pass upon expiration or prior to expiration. If I fail to do so my access to Fort Belvoir can be denied for any and all future requests. I understand that I must give Fort Belvoir Visitor Control Center consent to an initial and periodic background screenings prior to and after the issuance of an installation access badge/pass. Failure to do so will result in the termination of the application process. I further understand that these background screenings will determine my eligibility for access and continued access during the term of my request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PRIVACY ACT ADVISEMENT:** The information requested is for the purpose of granting access to the Fort Belvoir Installation. Providing requested information, to include your social security number (SSN), is voluntary. However, your access may not be granted if all requested information is not provided. **AUTHORITIES:** Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397. All information that contains PII is protected as required.

**2. SPONSOR INFORMATION:** Sponsor must work or live on Ft Belvoir. Sponsor must be U.S. Active Duty Military or DoD Civilian CAC holder. If sponsor lives on Ft Belvoir they must be U.S. Active Duty Military or dependent ID card holder (18yrs of age and older.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade/Rank: \_\_\_\_\_ DoD E-Mail Address (if Active Duty/DoD Civilian): \_\_\_\_\_

Work On Installation: Organization/Unit: \_\_\_\_\_ Organization/Unit Phone #: \_\_\_\_\_

Live on Installation: Street Address: \_\_\_\_\_ Phone # (for verification purposes) \_\_\_\_\_

Requested pass duration (not to exceed 1 year): 30 days 60 days 90 days 6 months 1 year

**SPONSOR'S CERTIFICATION:** I certify that the applicant meets the justification requirements and that they require a PASS as indicated above in order to perform assigned duties, conduct official business or visit family/friends on Fort Belvoir. I understand my role as the sponsor and ensuring the PASS is retrieved upon expiration or prior to expiration if it is no longer required. If I fail to do so, my ability to be an approved sponsor can be removed.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

SECTION BELOW IS FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

6. ISSUING OFFICIAL: Approved / Disapproved

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

\_\_\_\_\_  
Issuing Official Signature

\_\_\_\_\_  
Date of Approval

Verified By Receptionist: \_\_\_\_\_