

Do Not Submit This Page - Instructions Only

Read the below instructions before filling out and submitting the Volunteer Base Access Form contained on the following two pages.

1. Complete the form using **black ink**. Fill in all highlighted blocks.
2. Hand-written signatures or initials are required in blocks 28, 29, and 30.
3. The paperwork requires two forms of ID. One form must be your Social Security Number in order for security to run a background check. **DO NOT** include your SSN when submitting the form via email. Fill out all other required blocks, then scan and email the form to **LT McGregor Scott** at msscott@usna.edu. Next, call **410-293-5602** to provide your SSN over the phone. If your call goes to voicemail leave a message with a callback number.
4. If you want authorization to drive on base, your second form of ID must be a Driver's License. Make sure to include the Driver's License Number and State in blocks 14 and 15.
5. Do not modify block 27. The only authorized access hours for Sailing Volunteers are 0500-2200, which are pre-filled.

Once you have emailed your form and provided your SSN over the phone, LT Scott will submit the form to the Pass and ID office. It typically takes 5-10 business days to process. LT Scott will notify you by email when your DBIDS card is ready for pick-up.

Pass and ID's hours are **Mon-Fri 0700-1400**.

If you do not pick-up your card within **90 days** you will be required to submit another Volunteer Base Access Form.

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

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 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 (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) 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; SORN NM05512-2 Badge and Access Control System Records and DMDC 16, Identity Management Engine for Security and Analysis (IMESA): http://dpcld.defense.gov/Privacy/SORNsIndex

PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor 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 granting Navy officials access to their facility.

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

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME: 2. FIRST NAME: 3. MIDDLE NAME: 4. NAME SUFFIX: [] Jr. [] Sr. [] I [] II [] III [] IV
5. RACE (Check one or more): [] AMERICAN INDIAN or ALASKA NATIVE [] ASIAN [] BLACK or AFRICAN AMERICAN [] HISPANIC OR LATINO [] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER [] WHITE
6. SEX (Check one): [] MALE [] FEMALE 7. DATE OF BIRTH: 8. CITY OF BIRTH: 9. STATE OF BIRTH: 10. BIRTH COUNTRY:
11. US CITIZEN (Check): [] YES [] NO 12. DUAL CITIZENSHIP: [] YES [] NO 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.
Alien Minimum Documentation Required:
Registration Number, Expiration date, Date of entry, Port of entry.

Table with 6 columns: 13. IDENTITY SOURCE DOCUMENTS PRESENTED, 14. DOCUMENT NUMBER, 15. ISSUED BY STATE/COURT, 16. ISSUED BY COUNTRY, 17. ISSUED, 18. EXPIRES. Rows include Social Security No., State ID/Drivers License, Passport No., Certification Number and Petition Number, Derived - Parent's Certification Number, and Alien Registration No.

Date of Entry: Port of Entry:

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

Table with 6 columns for other approved identity source documents.

19. WEIGHT (Pounds): 20. HEIGHT (Inches): 21. HAIR COLOR (Check one): [] Blond [] Brown [] Black [] Gray [] Red [] White [] Silver [] Auburn [] Bald 22. EYE COLOR (Check one): [] Brown [] Green [] Blue [] Hazel [] Black [] Gray [] Violet [] Unknown

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

24. BASE SPONSOR'S NAME: SPONSOR PHONE (Include Area Code):

EMPLOYMENT ACTIVITY INFORMATION			
25. EMPLOYER NAME AND ADDRESS (Include city/state/zip code): USNA SAILING CENTER 601 BROWNSON ROAD ANNAPOLIS, MD 21402		EMPLOYER PHONE (Include Area Code):	
26. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):		SUPERVISOR PHONE(Include Area Code):	
27. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable box for WORK DAYS:			
WORK HOURS: <input type="checkbox"/> 0600-1800 <input type="checkbox"/> 0800-1700 <input checked="" type="checkbox"/> OTHER 0500-2200		WORK DAYS: <input checked="" type="checkbox"/> SN <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> TH <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> ST	
PRIOR FELONY CONVICTIONS			
28. Have you ever been convicted of a Felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Initial			
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 it expires or if my employment is terminated for any reason. <input type="checkbox"/> Initial			
AUTHORIZATION AND RELEASE AND CERTIFICATION			
30. I hereby authorize the DOD/DON 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).			
I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. 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 to me under the law. I also understand that this 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 <input type="text"/>		SIGNATURE <input type="text"/>	
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 IDENTITY PROOFING and NCIC CHECK			
31. INFORMATION VERIFIED BY:	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: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:	37. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> 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 visitor 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 prohibit 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.			