CARLISLE BARRACKS INSTALLATION ACCESS CONTROL APPLICATION

NAME:	Please provide the following information for completion of a National Crime Information Center (NCIC) and Army Law Enforcement Reporting and Tracking System (ALERTS) Installation access check.				
Last, First, Middle Maiden (If applicable) SSN#: DRIVERS LICENSE # / STATE ID #: STATE: DOB:	NAME:				
DOB:			Maiden (If applicable)		
(Date of Birth) YYYYMMMDD HOME ADDRESS:	SSN#: DRIVERS LICENSE # / STATE ID #:			STATE:	
Street City State Zip REASON FOR VISIT:			SEX:		
REASON FOR VISIT: GOVERNMENT SPONSOR INFORMATION: (NAME/AGENCY/PHONE #) END DATE OF PASS REQUESTED: (NOT TO EXCEED ONE YEAR) GOVERNMENT SPONSOR REQUESTED END DATE OF PASS: NO GOVERNMENT SPONSOR REQUESTED END DATE OF PASS: NOT TO EXCEED 30 DAYS I have been advised that my gaining access to the Carlisle Barracks Installation is contingent upon successing information within the NCIC and ALERTS. I have been advised that all information freceived from these checks will be maintained within the Directorate of Emergency Services and properly destroyed at the completion of the purpose of request. SIGNATURE OF APPLICANT: LAW ENFORCEMENT USE BELOW THIS LINE ONLY () No adverse information found. () Adverse information found. () Adverse information found Installation Access Control is cleared by this office. () Adverse information found Installation Access Control is NOT cleared by this office. PRINT NAME / SIGNATURE / DATE INITIALS & DATE OF CHECK ONLY DL NCIC ALERTS PASS# DUTHNE USC 552a(b). 10 USC 3013, Tile 10 United States Code, Section 3012(b), E.O. 3937 PRINCIPLE PUPPOSE: To provide law enforcement officials with means by which information may be accurately identified in order to refroes security provide law enforcemen	HOME ADDRESS:				
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