

REQUEST FOR ACCESS TO IOWA ARMY AMMUNITION PLANT (IAAAP)

AUTHORITY: Title 10 United States Code, Section 3013

PRINCIPAL PURPOSE(S): This form is intended to ensure that force protection measures are implemented for all personnel who request access to the installation.

ROUTINE USES: To control and maintain force protection requirements.

DISCLOSURES: Voluntary Civilian. Failure to provide information deemed "mandatory" may result in a processing delay or the denial of your request.

THIS SECTION OF OFFICE USE ONLY

APPROVED

DENIED

REVIEWING OFFICIAL

APPLICANT SECTION

LESSEES

RECREATIONAL

CONTRACTOR

APPLICATION DATE

OTHER

PHONE NUMBER

FULL SSN

DATE OF BIRTH

SEX

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED

ADDRESS

CITY

STATE

ZIP

BIRTHPLACE: COUNTRY

CITY

STATE

ZIP

DRIVER'S LICENSE NUMBER

DRIVER'S LICENSE STATE OF ISSUE

RACE

** If not born in the USA, provide US Passport, Green Card, or Naturalization Certificate*

WHO IS YOUR IAAAP POINT OF CONTACT?

NAME

PHONE NUMBER

CRIMINAL HISTORY BACKGROUND CHECK RELEASE AND CONSENT

I hereby authorize the IAAAP Security Branch to receive any criminal history/background information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency/organization. I understand that a criminal history background check will be used to determine access to IAAAP and that access to IAAAP can be revoked at any time.

PLEASE TAKE NOTICE THAT ONE OR MORE CRIMINAL BACKGROUND REPORTS PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. 1681 ET SEQ, MAY BE OBTAINED FOR THE PURPOSE OF ACCESS TO IAAAP. SHOULD A DECISION BE MADE BASED EITHER IN PART OR IN WHOLE ON THAT REPORT, THE REPORTING AGENCY THAT PROVIDED THE INFORMATION PLAYED NO ROLE IN THE DECISION.

Information provided by you on this form will be furnished to IAAAP's Security Branch to obtain information in connection with an investigation to determine access to IAAAP. This information is collected for national security and force protection purposes. Use of this form does not relieve any contractor of any requirement to perform a criminal background check or drug test.

I certify that, to the best of my knowledge and belief, all of the information provided on this request for access to IAAAP is true, correct, complete and made in good faith. I understand that false, fraudulent, or incomplete information may be grounds for the denial of my request or for the revocation of access to IAAAP and may be punishable by fine or imprisonment. I understand that any information I provide may be investigated.

PRINT FULL NAME

SIGNATURE

IF YOU ARE A CONTRACTOR OR VENDOR, PLEASE COMPLETE NEXT PAGE.

REQUEST FOR ACCESS TO IOWA ARMY AMMUNITION PLANT (IAAAP)

IF YOU ARE A CONTRACTOR OR VENDOR, TELL US ABOUT YOUR COMPANY

COMPANY NAME *(do not abbreviate)*

ADDRESS

CITY

STATE

ZIP

COUNTRY

WHO IS OUR CONTACT AT YOUR COMPANY?

NAME

PHONE NUMBER

E-MAIL

FAX NUMBER

ADDITIONAL COMMENTS