

**CUI
RESTRICTED AREA / PROXIMITY BADGE REQUEST**

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; Army Regulation 190-13, The Army Physical Security Program; 10 U.S.C. 1124 and 5 U.S.C. 4502.

PRINCIPAL PURPOSE(S): To support Department of the Army physical security and access control programs; Information Assurance program; to record personal data and vehicle information registered with the Department of the Army; to provide a record of security/access badges issued; to restrict entry to installations and activities; to ensure positive identification of personnel authorized access to restricted areas; to maintain accountability for issuance and disposition of security/access badges and for producing installation management reports.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

The DoD 'Blanket Routine Uses' also apply to this system of records.

DISCLOSURE: Disclosure is voluntary. However, failure to provide this information may result in denial of entry to Pine Bluff Arsenal.

For additional information regarding privacy practices see **System Of Record Notice (SORN) A0191-13 OPMG** at <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569989/a0190-13-opmg/>

LAST: _____ **FIRST:** _____ **M.I.:** _____ **SUFFIX:** _____

DIRECTORATE / ORGANIZATION / COMPANY: _____

U.S. CITIZEN: YES NO (IF NO – PERM. RES CARD OR FN SCREEN EXP DATE: _____)

HAIR: _____ **EYES:** _____ **HEIGHT (ft & in):** _____ **SEX:** _____ **DOB:** _____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PERSONAL PHONE: _____ **WORK PHONE:** _____

NOTE: ALL BADGES/PASSES MUST BE TURNED IN OR RENEWED BY THEIR EXPIRATION DATE.

SIGNATURE: _____ **DATE:** _____

FOR VCC USE ONLY

FOR QEF ACCESS PURPOSES ONLY

AREA: ADMIN TELE TLW

AUTHORIZING OFFICIAL: _____ **SIGNATURE:** _____

FOR WATER TREATMENT FACILITY ACCESS PURPOSES ONLY

AUTHORIZING OFFICIAL: _____ **SIGNATURE:** _____

VALID PHOTO ID VERIFICATION

TYPE: _____ **#:** _____ **EXP DATE:** _____

PBA RESTRICTED AREA BADGE INFORMATION

PBA/NAF EMPL **CONTRACTOR** **VISITOR**

BADGE #	ISSUE DATE	ACCESS	ESCORT	TYPE	EXPIRE DATE	SPONSOR

Controlled By: DES
CUI Category: PRVCY
LDC: FED ONLY
POC: Shannon Stowell; 870-540-4080