

# Pine Bluff Arsenal Antiterrorism/Force Protection Background Check Form

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; Army Regulation 190-13, The Army Physical Security Program; E.O. 9397 (SSN); 5 U.S.C. 6311; Homeland Security Presidential Directive (HSPD) 12; Army Directive-Type Memorandum 09-012; and Army Directive (AD) 2014-05.

**PRINCIPAL PURPOSE(S):** To provide PBA with the information and consent to perform a background check to determine applicant's eligibility for access to the Pine Bluff Arsenal (PBA). Additional purposes may include: to support Department of the Army physical security and access control programs; Information Assurance program; to record personal data 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. Non-disclosure of the requested information will result in denial of access to Pine Bluff Arsenal for any purpose.

For additional information regarding privacy practices see **System Of Record Notice (SORN) A0191-13 OPMG** at

<http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569989/a0190-13-opmg/>

**Section 1 – Personal Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix (Sr, Jr) \_\_\_\_\_

Sex:  Male  Female DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

U.S. Citizen:  Yes  No Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
(Ft & In)

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Section 2 – Reason Requiring / Requesting Installation Access**

Official Business  Contractor  Interview/New Hire  Res. / Empl. Guest  MWR  Natural Resources  CYSS

**Section 3 - Authorization**

In accordance with Homeland Security Presidential Directive (HSPD) 12, Army Regulation (AR) 190-13 and Directive-Type Memorandum 09-012; and Army Directive (AD) 2014-05; all non-DoD Cardholders requesting/requiring access to DOD Installations must have a valid purpose to enter, have their identity verified and vetted to determine fitness, and be issued an Installation Access Badge (IAB). IAB's will only be issued to individuals who have successfully passed a National Crime Information Center Interstate Index inquiry (NCIC-III check to determine each applicant's eligibility). **The following criteria will prevent access to PBA: Fraudulent Identity Information Barred from a Federal installation, Terrorist Watch List/Terrorist Screening Database, Violent Person/Gang List, Arrest Warrant, Pending Charges, Registered Sex Offender, Engaged in acts or activities designed to overthrow the U.S. Government by force, Habitual Offender, Conviction of any of the following; Felony or Violent Offense within the last 10 years, Misdemeanor Class A Within the last 5 years, Sexual Offense, Armed/Aggravated Robbery, Drug Possession with intent/purpose to Sell/Deliver, Drug distribution, U.S. Espionage, U.S. Sabotage, U.S. Treason, U.S. Terrorism, U.S. Murder, Felony Firearms or Explosives Violation or Senior Commander Determines a Potential Threat to the Installation. In addition, the following criteria will prevent hunting on PBA: Felony or Domestic Violence Conviction, DUI/DWI Conviction within the last 5 years or Active Order of Protection.**

My signature indicates that the information provided is true, complete and correct to the best of my knowledge and gives PBA consent to run an NCIC-III check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* FOR SECURITY OFFICE USE ONLY \*\*\*\*\***

General Admission:  Approved  Denied Hunting:  Approved  Denied

Certified ACIC / NCIC Operator Signature: \_\_\_\_\_ Date Conducted: \_\_\_\_\_