

**DOD BUILDING PASS APPLICATION
(PERMANENT)**

*Form Approved
OMB No. 0704-0328
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The public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0328). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE BUILDING PASS OFFICE TO WHICH YOU ARE APPLYING.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; EO 12356; EO 9397.

PRINCIPAL PURPOSES: To facilitate verification of background investigations for individuals applying for access to DoD buildings in connection with their official duties.

ROUTINE USES: Information may be furnished to Federal, state, or local agencies for regulatory and law enforcement purposes.

DISCLOSURE: Voluntary; however, refusal to furnish requested information may result in inability to verify essential personal information and approve requested building pass application.

1. NAME OF APPLICANT			2a. SOCIAL SECURITY NUMBER	b. DATE OF BIRTH (YYYYMMDD)
a. LAST	b. FIRST	c. MIDDLE INITIAL		

3. BACKGROUND INVESTIGATION DATA					
	YEAR (1)	MONTH (2)		YEAR (1)	MONTH (2)
a. BACKGROUND INVESTIGATION COMPLETED			b. NATIONAL AGENCY CHECK OR SPECIAL AGENCY CHECK COMPLETED		

4. EMPLOYMENT CATEGORY (X one)					
a. GOVERNMENT		c. CONTRACTOR	e. DOES THE APPLICANT NEED TO ESCORT OTHERS TO PERFORM HIS OR HER DUTIES? (X one)	(1) ESCORT	
b. FOREIGN		d. PRESS		(2) NO ESCORT	

5. BUILDING ACCESS REQUESTED (X one)					
a. PENTAGON		c. OTHER (Specify)	d. ACCESS HOURS (X one)	(1) 24 HOUR ACCESS	
b. NCR (Complete Item 6)				(2) BUSINESS HOURS ONLY	

6. JUSTIFICATION FOR NCR ACCESS (List buildings which require 24/7 access.)					

7. PASS INFORMATION					
a. EXPIRATION DATE OF NEW PASS (YYYYMMDD)	b. REASON FOR ISSUANCE (X one)				
	(1) INITIAL ISSUE	(2) RENEWAL	(3) NAME CHANGE		

8. AUTHORIZED/REQUESTING OFFICIAL		
a. NAME (Last, First, Middle Initial)		b. TELEPHONE NUMBER (Include area code)
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)

DOD BUILDING PASS APPLICATION (TEMPORARY/NCIC REQUEST)

9. NAME OF APPLICANT					
a. LAST		b. FIRST		c. MIDDLE INITIAL	
10. SOCIAL SECURITY NUMBER			11a. DATE OF BIRTH (YYYYMMDD)		b. COUNTRY
12. PHYSICAL DESCRIPTION <i>(This data is requested for identification purposes only, and is not a factor in determining eligibility.)</i>					
a. RACE <i>(Mark one or more)</i>					
(1) AMERICAN INDIAN OR ALASKA NATIVE		(4) HISPANIC OR LATINO		(7) OTHER	
(2) ASIAN		(5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			
(3) BLACK OR AFRICAN AMERICAN		(6) WHITE			
b. SEX <i>(X one)</i>			c. HEIGHT <i>(Inches)</i>		d. WEIGHT <i>(Pounds)</i>
(1) MALE		(2) FEMALE			
13. IS APPLICANT A U.S. CITIZEN? <i>(X one)</i>			c. IF "NO," INDICATE IMMIGRATION NUMBER AND COUNTRY		d. EXPIRATION DATE (YYYYMMDD)
a. YES		b. NO			
14. BACKGROUND INVESTIGATION DATA					
		YEAR (1)	MONTH (2)	INITIALS (3)	
a. BACKGROUND INVESTIGATION (BI) INITIATED					
b. NATIONAL AGENCY CHECK (NAC)/ SPECIAL AGENCY CHECK (SAC) INITIATED					
c. BI COMPLETED					
d. NAC/SAC COMPLETED					
e. NCIC COMPLETED					
15. EMPLOYMENT CATEGORY <i>(X one)</i>					
a. GOVERNMENT		c. CONTRACTOR		e. ACCESS HOURS <i>(X one)</i>	(1) 24 HOUR
b. PRESS		d. PENTAGON RENOVATION			(2) BUSINESS HOURS ONLY
16. BUILDING ACCESS REQUESTED <i>(X one)</i>					
a. PENTAGON		c. DOES THE APPLICANT NEED TO ESCORT OTHERS TO PERFORM HIS OR HER DUTIES? <i>(X one)</i>		(1) ESCORT	
b. OTHER <i>(Specify)</i>				(2) NO ESCORT	
17. PASS INFORMATION					
a. EXPIRATION DATE OF NEW PASS (YYYYMMDD)			b. REASON FOR ISSUANCE <i>(X one)</i>		
		(1) INITIAL ISSUE	(2) RENEWAL	(3) NAME CHANGE	
18. AUTHORIZED/REQUESTING OFFICIAL					
a. NAME <i>(Last, First, Middle Initial)</i>			b. TELEPHONE NUMBER <i>(Include area code)</i>		
c. SIGNATURE				d. DATE SIGNED (YYYYMMDD)	