

**REQUEST FOR A FORT STEWART/HUNTER ARMY AIRFIELD ACCESS  
CONTROL CARD OR EXTENDED PASS**

**PRIVACY ACT ADVISEMENT:** The information requested is for the purpose of granting access to the Fort Stewart/Hunter Army Airfield Installation. Providing requested information, to include your social security number (SSN), is voluntary. However, your access may not be granted if all requested information is not provided. **AUTHORITIES:** Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397. **I hereby authorize Fort Stewart Police Department to receive any Criminal History Record information pertaining to me which may be in files of any state or local criminal justice agency in Georgia.**

**1. APPLICANT INFORMATION:**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_  
Gender (Check one):    Male    Female Driver's License # \_\_\_\_\_ State: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home or Cell Phone Number: \_\_\_\_\_  
E-Mail Address: (Optional) \_\_\_\_\_ Relationship to Sponsor: \_\_\_\_\_

**2. REQUESTED CARD:**

Non-DoD    \_Contractor    Foreign National    Friends of the Marine    Vendor  
Family Care Provider    MWR    \_Gate-to-Gate    Parent of Marine Child    Other

**3. REQUESTED DATE:**

**TO:** \_\_\_\_\_ **FROM:** \_\_\_\_\_

**4. JUSTIFICATION FOR ACCESS CARD OR EXTENDED PASS:**

**5. SPONSOR INFORMATION:**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_  
Grade/Rank/Status: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (check one):    Male    Female  
Organization/Unit: \_\_\_\_\_ Organization/Unit Phone Number: \_\_\_\_\_  
Home or Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**6. SPONSOR CERTIFICATION:** I certify that the applicant meets the justification requirements as indicated in paragraph 3 above for access privileges.

Printed Name: \_\_\_\_\_

Government Sponsor Signature: \_\_\_\_\_

**7. NCIC (GCIC) OPERATOR:**

Last Name/Initials/Date: \_\_\_\_\_ **Derogatory**    **Non-Derogatory**    **No History**

\*\*\*\*\* SECTION BELOW IS FOR USE BY THE DES SECURITY DIVISION ONLY\*\*\*\*\*

**8. ISSUING OFFICIAL INITIALS:**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

Issuing Official Printed Name: \_\_\_\_\_

Issuing Official Signature: \_\_\_\_\_

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