

**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): _____ Driver's License # _____ State: _____

Street Address: _____ Home or Cell Phone Number: _____

E-Mail Address: _____ 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: not to exceed 180 days **FROM:** _____

4. JUSTIFICATION FOR ACCESS CARD OR EXTENDED PASS: (See **note below for details on programs)

Please fill out section 1. and indicate here which MWR program you wish to visit:

5. SPONSOR INFORMATION:

LAST Name: _____ FIRST Name: _____ MIDDLE Initial: _____

Grade/Rank/Status: _____ DOB: _____ Gender (check one): _____

Organization/Unit: _____ Organization/Unit Phone Number: _____

Home or Cell Phone Number: _____ E-Mail Address: _____

***** 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: _____