

## AND AIR ASSAULT CARD (NTE 1 YEAR)

(For use of this form see CAM Reg 190-5. The proponent for this form is DES.)

**PRIVACY ACT STATEMENT:** The information you provide is covered by the privacy Act of 1974, Title 5, U.S.C. 552a.

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army, Army Regulation 190-13, The Army Physical Security Program and E.O. 9397 (SSN).

**PRINCIPLE PURPOSE:** To record personal data and vehicle information to ensure positive identification of personnel authorized access to the installation/ restricted areas; **to conduct criminal background checks through local and national law enforcement database; to maintain accountability for issuance and disposition of access passes.**

**ROUTINE USES:** The DoD Blanket Routine Use set forth at the beginning of the Army's compilation of systems of records notices may apply to this system.

**DISCLOSURE:** Voluntary, however, failure to provide the requested information will result in denial of access to the installation.

### REQUEST SPONSORSHIP FOR THE FOLLOWING INDIVIDUALS

Last Name					
First Name					
Middle Name					
Date of Birth					
Social Security					
ID Type					
ID Number					
ID State					

Purpose:

<b>Date of Requested Access (MM/DD/YYYY)</b>	<b>Time of Requested Access</b>
From: _____ To: _____	From: _____ To: _____
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

### SPONSOR'S INFORMATION

Last Name:	First Name:	MI:
Rank/Grade:	Organization:	Telephone:
Address:	E-Mail:	

Sponsor' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION BELOW IS USED BY INSTALLATION ACCESS CONTROL OFFICE

The above individuals are approved  / disapproved  for issuance of a Fort Campbell, KY extended pass.

Approving Official Printed Name: \_\_\_\_\_ Approving Official's Signature: \_\_\_\_\_

NCIC-III DATE \_\_\_\_\_ CLEARED / FAILED (circle one) \_\_\_\_\_ NCIC-III Officer Signature \_\_\_\_\_

NCIC-III Officer Printed Name: \_\_\_\_\_

**APPLICATION FOR EXTENDED VISITOR PASS (NTE 90 DAYS) AND AIR ASSAULT CARD (NTE 1 YEAR)**

**USE:** The information contained in the application will serve as input data to conduct a NCIC-III background check as required by AR 190-13. If you do not type the information on this form ensure that your writing is neat and legible to avoid any mistakes, confusion, or delays when conducting checks and preparing passes. It is essential that all users of this form provide the required information according to the instructions below:

**Last Name:** self-explanatory.

**First Name:** self-explanatory.

**Middle Initial:** self-explanatory.

**Date of Birth:** DDMMYYYY (example: 05 Feb 1965)

**ID Type:** Driver's License; Passport; School ID; etc.

**ID Number:** may be letters and numbers depending on identification.

**ID State:** State that issued ID.

**Relationship:** The connection between the individual being sponsored and the sponsor (mother, father, son, daughter, friend, contractor, etc.)

**Purpose:** Explain the reason (valid purpose) why the individual(s) need access to Fort Campbell.

**Dates of Requested Access:** DDMMYYYY to DDMMYYYY.

**Times of Requested Access:** 24 hour clock (1300; 2315; etc.)

**Days Requested Access:** Check the box for each applicable day of the week.

**Sponsor's Information:** self-explanatory.

**Sponsor's Signature and date:** self-explanatory.

Email the completed form to [usarmy.campbell.imcom-atlantic.mbx.des-access-control@army.mil](mailto:usarmy.campbell.imcom-atlantic.mbx.des-access-control@army.mil)

If you have any questions, contact the Fort Campbell Visitor Control Center at (270)798-5047/5049.