



UNITED STATES MARINE CORPS
SECURITY & EMERGENCY SERVICES DIRECTORATE
POSTAL SERVICE CENTER BOX 8035
MARINE CORPS AIR STATION
CHERRY POINT, NORTH CAROLINA 28533-0035

IN REPLY REFER TO:
5512
PMO

From: Pass & Identification Office
To: PMO Records Manager

Via: (1) PMO Admin
(2) Criminal Investigation Division Office

Subj: REQUEST FOR LOCAL RECORDS CHECK FOR THE BELOW NAMED INDIVIDUAL

Encl: (1) Background Investigation Questionnaire
(2) Authorization to Release of Information

1. The following information is provided for pending access aboard MCAS, Cherry Point, NC

FULL NAME: _____

FULL SSN: _____

COMPANY/ SPONSOR'S NAME: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CONTACT PHONE NUMBER: _____

SIGNATURE: _____

PMO / CID USE ONLY

TLO VERIFIED(DATE/TIME/INITIALS) _____

INDIVIDUAL CONTACTED (DATE/TIME/INITIALS) : _____

APPROVED DENIED

APPROVAL OFFICIAL SIGNATURE

(SORN NIM05512-2 Badge and Access Control System Records)
AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14C, Navy Physical Security; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended. PURPOSE: To control physical access to DoD, Department of the Navy (DoN) or U.S. Marine Corps Installations/Units by identifying or verifying individuals for the purpose of protecting U.S./Coalition/allied government/national security areas of responsibility. ROUTINE USE: The DoD 'Blanket Routine Uses' that appear at the beginning of the Navy's compilation of systems of records notices apply to this system. DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information may result in the denial of physical access to DoD, DoN, or USMC installations/units.

BACKGROUND INVESTIGATION QUESTIONNAIRE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14C, Navy Physical Security; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN). **PURPOSE:** To control physical access to DoD, Department of the Navy (DoN) or U.S. Marine Corps Installations/Units by identifying or verifying individuals for the purpose of protecting U.S./Coalition/allied government/national security areas of responsibility. **ROUTINE USE:** The DoD 'Blanket routine uses' that appear at the beginning of the navy's compilation of systems of records notices apply to this system. **DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in denial of physical access to DoD, DoN, or USMC installations/units.

PRINT CLEARLY IN BLACK INK						
NAME (Last, First, Middle, Jr. or Sr.)					Social Security Number	
Current Address (Number, Street),					City	State
					Zip Code	County
Date From					Date To	
Alias/AKA's If yes, also list the dates used						
Home Telephone		Cell Telephone		Email Address		
Sex:	Race	Height	Weight	Hair	Eyes	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female						
Place of Birth: City		State	Country	Driver's License Number		
				State	Number	

PREVIOUS ADDRESSES						
(List all previous addresses for the past five years, start with the last address and work backward in time.)						
Street	City	County	State	Zip Code	Date From	Date To

MILITARY STATUS				
Have you ever served in any Armed Forces; Army, Navy, Air Force, Marines, Coast Guard, National Guard, or any reserve unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, provide information below.				
Date From	Date To	Military Branch	Rank	Discharge Type

If you have been discharged from any Military Service with less than an Honorable Discharge, explain below. (For example - general discharge under honorable conditions):

CRIMINAL HISTORY

Excluding minor tickets for traffic and parking violations, have you ever been detained, arrested, cited, convicted, charged or placed in pre-trial diversion, or been a suspect for any offense or violation of any statute, ordinance, law or regulation by any civil or military authority in this country or any other country since reaching the age of 18?

YES NO

INTENTIONALLY FAILING TO DISCLOSE ALL CRIMINAL HISTORY COULD RESULT IN THE AUTOMATIC DENIAL OF ACCESS TO MCAS CHERRY POINT

Date	Charges	Misdemeanor or Felony	Disposition	City	State

Are you currently on Probation or Parole? YES NO If YES, where and for what? List parole/probation start date and end date.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT WILLFULLY OR INTENTIONALLY WITHHELD ANY INFORMATION. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON MY IDENTITY OR CRIMINAL HISTORY CAN RESULT IN THE DENIAL OF ACCESS TO THE AIR STATION AND POSSIBLE CRIMINAL CHARGES UNDER TITLE 18 OF THE U.S. CODE.

FULL NAME

SIGNATURE AND DATE

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for requesting access to the facilities aboard Marine Corps Air Station Cherry Point N.C.

I **Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I **Understand** that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I **Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided above, and it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are NOT VALID.

Signature (sign in ink)	Full Name (First, Middle, Last)	Date Signed(mm/dd/yyyy)
Other Names used	Date of Birth	Social Security Number
Current Street Address	City, State, Zip Code	Contact Telephone Number

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Enclosure (1)

Enclosure (2)