45 SFS CREDENTIAL REQUEST FORM

(SUBJECT TO THE PRIVACY ACT OF 1974)

PRIVACY ACT STATEMENT

AUTHORITY*: E.O. 9397; The Privacy Act of 1974, 5 U.S.C. 522a; DODD 8500.1*

PRINCIPAL PURPOSE(S): *To provide necessary information to determine if applicant meets installation access control requirements IAW HSPD12, DoD 5200.8, DTM 09-12, FIPS201 and AFMAN 31-113. Use of SSN is necessary to make positive identification of an applicant. Records in the Defense Biometric Identification System (DBIDS) are maintained to support DoD physical security and information assurance programs and are used for identity verification purposes, to record personal property registered with the DoD and for producing facility management reports. SSN, Driver's License Number or other acceptable identification will be used to distinguish individuals who request access to SLD 45 property.*

DISCLOSURE: *Voluntary. However, failure to provide the requested information may result in denial of an access credential and denial of access to SLD 45 property.*

REQUIRES ACCESS TO: ☐ **Patrick SFB** ☐ **Cape Canaveral SFS** ☐ **VSFB**	☐ **LONG TERM** (60 days or more)	☐ **SHORT TERM** (59 days or less)

TYPE	**Govt Employee** ☐	**Govt Contractor** ☐	**Visitor** ☐	**Volunteer** ☐	**Student** ☐	**Caretaker** ☐	**Housing** ☐

I. VISITOR'S INFORMATION

NAME*(First, Middle Initial, Last)*		BIRTH*(MM/DD/YYYY)*	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER	STATE	COMPANY/UNIT	PERMANENT RESIDENT (GREEN CARD HOLDER) YES ☐ NO ☐

US CITIZEN? YES ☐ NO ☐	ALIEN/PASSPORT NUMBER/COUNTRY OF BIRTH(non-US Citizens)	GENDER	HEIGHT*(ft/In)*	WEIGHT*(lbs)*	EYE COLOR	HAIR COLOR

Does Applicant have a valid Federally Issued Common Access Card (CAC)?	YES ☐	NO ☐
Contract end date/ Contract number (if applicable)		

II. ORGANIZATION/SPONSOR AND ACCESS DATES/TIMES

START DATE*(MM/DD/YYYY)*	DAYS REQUESTING ACCESS						
	MON	TUE	WED	THU	FRI	SAT	SUN
END DATE*(MM/DD/YYYY)*	**Hours (e.g. 0730-1630)**						

REQUESTOR/SPONSOR	AGENCY/ORGANIZATION	DUTY PHONE
BADGING OFFICIAL/SPONSOR SIGNATURE		DATE
REMARKS		

III. Security and Safety Training (*CCSFS ONLY*)

https://forms.osi.apps.mil/r/uNbbFMeq0H

Scan the QR Code to access/complete the training and answer the questions.

TRAINING COMPLETED (MM/DD/YYYY): _____

Dial 911 (853-0911 cell phone) to report any emergency.

IV. ACKNOWLEDGEMENT OF INSTALLATION DRIVING PROCEDURES:	INITIALS	

V. 45 SFS USE ONLY

ON SRBW YES ☐	ON SRBW NO ☐	DATE OF NCIC CHECK	NCIC OPERATOR	COMMENTS

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INSTRUCTIONS FOR COMPLETING CREDENTIAL REQUEST FORM *(Must be typed or printed clearly in ink).*

Directions for Submitting:
CCSFS: Page one (1) of this form must be emailed by the badging official to 45sfs.s5v.ccafsvcc@spaceforce.mil. Allow **three (3) duty days** for processing.
PSFB: Page one (1) of this form must be emailed by the badging official to 45sfs.s5.vcc@spaceforce.mil. Allow **three (3) duty days** for processing.

Credential Type: Select either Patrick SFB and/or Cape Canaveral Space Force Station for installation access. VSFB may be selected for those organizations with work centers at both Cape Canaveral SFS and Vandenberg SFB. Check long term (60 days or more) or short term paper pass (59 days or fewer). Check reason (e.g. Employee, Contractor, Visitor, Volunteer, Housing).

I. Visitor's Information:

Name – Enter individual's legal first name, middle initial and last name. **(Mandatory)**
Birth – Date of Birth using MM/DD/YYYY format. **(Mandatory)**
Social Security Number – Enter the individual's social security number. **(Mandatory)**
Drivers License/State – Enter individuals complete driver's license number and state issued. **(Highly recommended)** Company/ Unit - Name
US Citizen – Check either Yes or No if the individual is a US citizen. **(Mandatory)**
Alien Passport – Used to document Alien, Passport or immigration number of non-US citizens
Gender – Enter either M or F
Height – Enter height of individual in feet and inches, e.g. 5'8"
Weight – Enter weight in pounds, e.g. 175
Eye Color – Enter individual's eye color, e.g. Black, Blue, Gray, Green, Hazel, Violet
Hair Color – Individual's hair color, e.g. Auburn, Black, Blond, Gray, Red, Silver, White
Federal issued Common Access Card (CAC) -- Select Yes or No

II. Sponsoring Organization and Access Date/Times (Completed by Sponsor):

Start Date - Enter date the card/visitor pass is to become effect. **(Mandatory)**
End Date – The date which the card/visitor pass expires. **(Mandatory)**
Days Requesting Access – Enter time(s) for authorized access for each day. **(Mandatory)**
Requestor /Sponsor– Enter name of person completing access request form. **(Mandatory)**
Agency/Organization – Enter requestor's organization **(Mandatory)**
Duty Phone – Enter requestor's duty phone.
Signature/Date – Requestor's signature and date. **(Mandatory)**
Remarks – Enter any additional processing instructions

III. Security and Safety Training (CCSFS ONLY): Complete training and completion date entered. **(Mandatory)**

IV. Acknowledgement of Installation Driving Procedure's (IAW DAFI 31-218, *Motor Vehicle Traffic Supervision* and DAFI 91-207, *The Traffic Safety Program*):

Personnel will comply with all rules and regulations while operating a vehicle within the jurisdiction of Patrick SFB/Cape Canaveral SFS. Failure to comply with established procedures may result in revocation of driving privileges.

- Personnel and their property are subject to search at any time
- Seatbelts must be worn at all times
- Texting while operating a motor vehicle is prohibited
- Talking on a cellular phone while operating a motor vehicle is prohibited unless using hands free technology.

V. 45 SFS use only: Internal use only.