

**TOBYHANNA ARMY DEPOT (TYAD) SECURITY DIVISION ELTY-FORM 648-C:**

**CONTRACTOR REQUEST FOR ACCESS TO TYAD**

Use in accordance with " Directive Type Memorandum (DTM)" 09-012 " Interim Policy Guidance for DoD Physical

Proponent Office is ELTY-RKC

**PRIVACY ACT STATEMENT**

AUTHORITY: Title 10 United States Code, Section 3013

PRINCIPAL PURPOSE(S): In conjunction with "Directive Type Memorandum (DTM)" 09-012 "Interim Policy Guidance for DoD Physical Access Control", to ensure that force protection measures are implemented as to all civilian contractor workers who regularly require access to the installation in connection with the business of the Department of the Army.

ROUTINE USES: To control and maintain force protection requirements.

DISCLOSURES: Civilian, voluntary. Failure to provide non-optional information will delay processing of your application for access and may result in denial of access.

Application Date:	Contract Expiration Date:
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Primary Contractor/Vendor (Name of Company):	Contract Number:
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Authorized Work Area(s):

TYAD Government Contract POC:	Phone Number:	Directorate or Office:	TYAD Government Contract E-Mail Address:
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Contractor POC: (Individual's Name)	Address:	Phone Number:	Fax:
	E-Mail Address:		

Subcontractor/Vendor Information (Sub's Name):	POC:	Phone Number:
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Reason for Criminal History Check: **(Please check one of the following:)** Badge:  Access to installation:   
 Other (please specify)

**CRIMINAL HISTORY BACKGROUND CHECK RELEASE AND CONSENT**

I hereby authorize the TYAD Security Division to receive any criminal history/background information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency or organization. I understand and agree that a criminal background check will be used for the purpose of determining access to TYAD and that access to TYAD may be denied or revoked at any time.

**PLEASE TAKE NOTICE THAT ONE OR MORE CRIMINAL BACKGROUND REPORTS PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. 1681 ET SEQ. MAY BE OBTAINED FOR PURPOSES OF ACCESS TO TYAD. SHOULD A DECISION TO DENY ACCESS BE MADE BASED EITHER IN WHOLE OR IN PART ON THE REPORT, THE REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE DECISION.**

Information provided by you on this form will be furnished to TYAD Security to obtain information in connection with an investigation to determine access to TYAD. TYAD seeks this information for national security and force protection purposes. Use of this form does not relieve the contractor of any requirement to perform a criminal background check or drug test.

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Other Names Used: (Includes any other names ever used: maiden, other married names, common law names, adopted names and nicknames)

Street Address (no P.O. Box)	City:	State/Zip Code
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Home Phone #:	Sex (Optional):	Race (Optional):
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Place of Birth: (Country and State)	Date of Birth:	SSN:
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Answer the following questions. Report information regardless of whether your case has been "sealed", expunged, or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. If the answer is yes to any question, list the actual offense or violation (for example, arson, theft, DUI, etc.)

	YES	NO
1. Have you ever been arrested, charged with or convicted of a sex offense or are you a registered sex offender? If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been charged with or convicted of a felony? (Include those under the Uniform Code of Military Justice) If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been charged with or convicted of a firearms, weapons, or explosives offense? If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of any offense related to alcohol or drugs? (Include DUI/DWI.) If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last 10 years, have you been arrested for, charged with, or convicted of any other offense not listed above? (Include misdemeanors) Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related. If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had or do you currently have a protection from abuse or protective order issued against you? If YES, list the offense, date and jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently on parole or probation? If YES, for what offense(s)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently barred from ANY military installation? If YES, why and where?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you a U.S. Citizen? If NO, give the Country of citizenship, registration number, and expiration date of work permit.	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you currently have or ever have been issued a security clearance by the United States Government? If YES, provide details on where and when the clearance was issued and the status of that clearance.	<input type="checkbox"/>	<input type="checkbox"/>

**I hereby authorize Tobyhanna Army Depot to obtain such report(s) from any law enforcement reporting agency for the purpose of accessing TYAD.**

**APPLICANT CERTIFICATION**

**I certify that, to the best of my knowledge and belief, all of the information on this request is true, correct, complete and made in good faith. I understand that false, fraudulent, or incomplete information on this request may be grounds for the denial of my request for access to the installation or for the revocation of access to the installation and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.**

Name of Applicant (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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