

From: \_\_\_\_\_  
Name of Company, Organization or individual requesting background check, Address to Include State, City and zip code

To: Pass & ID Office (Attention: Contracting Vetting Section)

Subj: REQUEST FOR BACKGROUND CHECK

1. The following information is provided for the purpose of vetting for access aboard MCAS Cherry Point, NC.

FULL NAME: \_\_\_\_\_

FULL SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DRIVER LICENSE / ID NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

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COMPANY /SPONSOR NAME: Joyce & Associates Construction, Inc.

COMPANY PHONE NUMBER: 252-223-3171

COMPANY EMAIL ADDRESS: info@joyceandassoc.com

WORK DAYS: Mon-Sun WORK TIMES: 24 hrs

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OFFICE USE ONLY

**DO NOT WRITE BELOW THIS LINE**

NCIC VERIFIED \_\_\_\_\_  
(Date) (Time) Initials

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

APPROVAL OFFICIAL: \_\_\_\_\_  
Signature Title

AUTHORIZATION FOR RELEASE OF INFORMATION

PRIVACY ACT STATEMENT

(SORN NM05512-2 Badge and Access Control System Records)

AUTHORITY: 10 U.S.C. 2013, 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 (DoD) or U.S. Marine Corps Installation 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.

*CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU. THEN SIGN AND DATE IN INK.*

I Authorize any investigator, special agent, or other duly accredited representative of 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.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Middle Last

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