

APPLICATION FOR SPONSORSHIP

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).

PRINCIPAL PURPOSE(S): 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 databases; 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 Initial					
Date of Birth					
ID Type					
ID Number					
ID State					
Vehicle Make					
Vehicle Color					
Vehicle Plate					
State					
Relationship					

Justification: _____

DATE OF REQUESTED ACCESS (MM/DD/YYYY)		TIME OF REQUESTED ACCESS	
FROM	TO	FROM	TO
DAYS REQUESTED ACCESS <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:** _____ **TELE:** _____
ADDRESS: _____ **EMAIL:** _____

I acknowledge as a Sponsor I am responsible for the conduct of my guests during their visit on Fort Drum.

 (Sponsor's Signature) Date

The above individuals are approved / disapproved for issuance of Friends of the North Country Local Access Badge.

 Approving Official Printed Name Approving Official Signature

SECTION BELOW IS FOR USE BY INSTALLATION ACCESS CONTROL OFFICE

NCIC-III DATE: _____ CLEARED / FAILED (circle one) CONTROL # _____

 NCIC-III Officer Printed Name NCIC-III Officer Signature