

DEPARTMENT OF HOMELAND SECURITY
FEDERAL LAW ENFORCEMENT TRAINING CENTERS
FOREIGN NATIONAL REQUEST FOR ACCESS: INFORMATION ON INDIVIDUAL FOREIGN NATIONAL
(To Be Completed by Foreign National Applicant)

Information provided by those completing this form will be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control, FLETC Directive 121-02, Internal Security Program and Department of Homeland Security (DHS) Management Directive 11052, Internal Security.

Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No 11348, Executive Order 9397, and Department of Homeland Security Delegation Number 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC or DHS property, information or training.

1. Applicant's Full Name

Last: _____ First: _____ Middle: _____

Aliases (Nicknames, Maiden Name, etc):

2. Personal Data

Gender:
 Male Date of Birth: _____ City of Birth: _____
 Female Country of Birth: _____

3. Residential Address

Street Address: _____
 City: _____ State: _____ Zip Code: _____

4. Country or Countries of Citizenship (LIST ALL)

Countries: _____ Passport Number: _____
 Passport Country of Issue: _____ Passport Expiration Date: _____

5. Visa Information (Copy of Visa MUST be attached)

U.S. Visa Number: _____ Visa Expiration Date: _____ Visa Type: _____ **Visa Not Required for this Country or Purpose**

6. Status (if applicable)

N/A Permanent Resident (I-551/ Green Card) Employee Authorization Document (EAD)
 Border Crossing Card (BCC)
 Resident Alien #: _____ Social Security #: _____
 EAD #: _____ BCC #: _____

7. Language Status

Government representatives, instructors, and trainees only:
 Will an interpreter be needed? Yes No
Note: Interpreters who are not U.S. Citizens are also required to complete Request for Foreign National Access Forms.

8. Employer Information

Name of Company/ Employer: _____
 Country of Employer: _____
 Employer Address: _____
 City: _____ State: _____ Zip Code: _____
 Title or Position: _____

9. Family Information

Last Name	First Name	Relationship	Gender	Age
			<input type="text"/>	
			<input type="text"/>	
			<input type="text"/>	
			<input type="text"/>	

NOTE: Students at FLETC are not permitted to bring family members with them. If there is a question, please contact your advisor.

10. If attending a Graduation Ceremony, provide Name and Class Number of Graduate:

11. Other Pertinent Information

12. Applicant Signature and Certification

I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001.

Signature: _____ Phone: _____ Email: _____ Date: _____