DEPARTMENT OF HOMELAND SECURITY FEDERAL LAW ENFORCEMENT TRAINING CENTERS VISITOR ACCESS REQUEST

Privacy Act Statement:

withority: 5 U.S.C. 301; the Homeland Security Act, codified in Title 6 of the U.S. Code; 44 U.S.C. 3101; and Executive Order (EO) 9397; EO 12968; and ederal Property Regulations, issued July 2002. <u>Purpose</u> : The purpose for collecting and maintaining this information is to allow individuals access associated with DHS/FLETC facilities and perimeter access ontrol, as well as visitor security and management. <u>Routine Uses</u> : System of Records Notice (SORN) DHS/ALL-024 located at https://www.govinfo.gov/content/pkg/FR-2010-02-03/html/2010-2206.htm.	;
Disclosure: Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property. ECTION A - To be completed by Applicant	
I. Applicants Full Name:	
(Last, First, Middle)	
Aliases Used (nicknames, maiden names, etc):	
2. Residential Address: Street Address:	
City, State, Zip code:	
B. Driver's License: State Driver's License #:	
I. Country of Citizenship (List all that apply *): (* If not a U.S. Citizen, you must complete the DHS Form 11055 or 110	59)
5. Dual Citizen: Yes No 6. Place of Birth (City and State): 7. Date of Birth: 7. Date of Birth:	
3. Gender: Male Female 9. Social Security #: 10. Current PIV/CAC Card: Yes No	
1. Contact Information: Home or cell phone number: E-mail	
12. Date Completed:	
ECTION B - To be Completed by Sponsor (Must be a Federal Employee)	
. Sponsor Name: Agency:	
E-mail Address: Office/Cell Number:	
2. Type of access requested for Applicant: Graduation Guest Frequent Vendor One Time Vendor PO Staff 5 Day or Less Visitor 5 Day or Less Contractor Frequent Visitor Transporter/CU/FLETC REC	
B. Class Number (if a Graduation Guest):	
. Relationship to Applicant (if a Visitor):	
5. Company Name (if a Vendor or a 5 Day or Less CTR):	
B. Requested Access Dates: Start Date: Work End Date: Work End Date:	
ECTION C - To be Completed by FLETC Security	
I. NCIC Check: 2. Type of Badge to be Issued::	
No Results Found Results Found 5 Day or Less Contractor 5 Day or Less Visitor PO Staff	
ARN: Frequent Visitor One Time Vendor Transporter/CU/FLETC RE	5
FBI Number:	
3. OSPR Decision: Approved Denied	
Approved Start Date: Approved Expiration Date:	
OSPR Initials: Date:	
Notes:	