

BLUE GRASS ARMY DEPOT
DIRECTORATE OF EMERGENCY SERVICES
CRIMINAL RECORDS CHECK
 Administrative Office of the Courts, Frankfort, KY
 National Crime Information Center (NCIC)

FOR OFFICIAL USE ONLY

SECTION I. Please Print

1. NAME (Last, First, Middle Name)	2. SOCIAL SECURITY NUMBER
3. E-MAIL: 3a. PHONE NUMBER*(required):	4. DATE OF BIRTH

5. OTHER NAMES USED (No nicknames)	6. DRIVER'S LICENSE NUMBER STATE
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7. COUNTRY OF BIRTH (required)	a. NATURALIZATION NUMBER (required) <small>(If Born Outside of the United States & Must Provide Copy of Certificate)</small>	b. PASSPORT NUMBER (required) <small>(If Born Outside of the United States & Must Provide Copy Of Passport)</small>
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8. PRINT CURRENT HOME ADDRESS			
a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

9. NAME OF COMPANY (Full Name): _____

10. TYPE OF WORK TO BE PERFORMED: _____

11. PURPOSE OF RECORDS CHECK (Check One):

Federal Employment

Contractor (See box 15)

Visitor (Reason For Visit) _____

Military Training

MOU/MOA Reasearch

COA Lease Farmer

Other Federal/State Employee

MWR MEMBERSHIP ONLY

Fishing Vendor

Pool Kindling Pass

Golf Recreational

Gym PRIVATE EVENT

***EVENT DATE: _____

HUNT ONLY

DATE OF HUNT: _____

12. POC AT BGAD: _____

13. POC PHONE NUMBER: _____

14. WHAT AREA(S) ARE YOU REQUESTING ACCESS TO (Check All That Apply):

Administrative Area

Restricted Area

Restricted "A" Area

Restricted "G" Area

CLA

BGCAPP DEMIL / BECHTEL PARSONS

Outside Tracts

15. CONTRACTORS: (Must Complete)

COR AT BGAD: _____

COR PHONE NUMBER: _____

CONTRACT NUMBER: _____

EXPIRATION DATE: _____

16. DATE OF LAST BACKGROUND CHECK BY BGAD: _____

17. HAVE YOU EVER BEEN CONVICTED OF A FELONY YES NO

BGAD OFFICIAL USE ONLY (DO NOT WRITE IN THIS BOX)

DATE ENTERED: _____

SECTION II

I HEREBY CONSENT TO THE RELEASE OF MY CRIMINAL HISTORY RECORDS.

PRIVACY ACT STATEMENT

I **Authorize** a representative of the Blue Grass Army Depot, Directorate of Emergency Services conducting my background check, to obtain any information relating to my criminal history record. I authorize the Administrative Office of the Courts, Frankfort, KY, and the National Crime Information Center conducting my investigation to disclose the record of my background investigation to the Blue Grass Army Depot, for the purpose of making a determination of suitability or eligibility for security access. I understand that the information released by records custodians and sources of information is for **OFFICIAL USE ONLY** by the Blue Grass Army Depot for the purposes stated and that it may be redisclosed by the government only as authorized by law. I further understand that with the signing of this form I authorize additional background checks as may be needed by representatives of the Bluegrass Army Depot for continuing access to the installation.

18. My information on this form is true, complete, and correct to the best of my knowledge. Falsification of information provided will result in being Denied Access to the Blue Grass Army Depot.

a. SIGNATURE OF APPLICANT:	b. DATE:

19. RETURN THIS FORM TO:	PERSONNEL SECURITY	HUNT PROGRAM
Directorate of Emergency Services	PH#859-779-6302/6474/6244	FAX# 859-779-6465
ATTN: DoD Security Specialist	FAX# 859-779-6744	
431 Battlefield Memorial	EMAIL: usarmy.bluegrass.jmc.list.bgad-pso@mail.mil	MWR FAX# 859-779-6438
Highway Richmond, KY		
40475-5090		

***** APPLICANT DO NOT WRITE BELOW THIS LINE*****

SECTION III BGAD OFFICIAL USE ONLY

REVIEWING AUTHORITY (DES ONLY)
 ___ APPROVED ___ DISAPPROVED _____, Date of Review

 Print Name Approving Authority
 _____, Directorate of Emergency Services
 Reviewing Authority Signature

REMARKS:

PRE-SCREEN **NO ESCORT REQUIRED**
RE-BADGE

BGCAPP BADGE INFORMATION

TYPE OF BADGE AND EXPIRATION DATE	GOVERNMENT	PRIME CONTRACTOR	SUBCONTRACTOR
BGCAPP FSO CONCURRENCE <small>Verification for accuracy of all information provided by the applicant has been completed</small>	SIGNATURE (Approved By FSO)	DATE	
BGAD PERSONNEL SECURITY CONCURRENCE <small>NCIC & STATE AGENCY CHECK DoD SECURITY CLEARANCE</small>	SIGNATURE (Approved By PSO)	DATE	
GOV'T FIELD OFFICE/BGCAPP SECURITY CONCURRENCE <small>Verification for accuracy of all information provided by the applicant has been completed</small>	SIGNATURE (Approved By ACWA)	DATE	
BGCAPP BADGE OFFICE CONCURRENCE	SIGNATURE (Approved By BGCAPP Badging)	DATE	