

PRIVACY ACT STATEMENT - BADGE AND ACCESS CONTROL SYSTEM

Authority: 5 U.S.C. 301, Departmental Regulations, OPNAVINST 5530.14B, and I.O.9397 (SSN).

Principal Purpose: To maintain all aspects of proper access control; to issue badges; to maintain visitor statistics; and collect information to adjudicate access.

Routine Use: The "Blanket Routine Uses" that apply to Department of the Navy systems of records, see SECNAVINST 5211.5D, enclosure (9)

Disclosure: Voluntary, however, failure to provide the requested information may result in denial of access into the installation.

Dept/Tenant/Contractor Division/Subcontractor Employee Job Title PRD/Completion Date

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|---------------------------|---|---|---|
| MAR, Incorporated-Ohmsett | 1 | 2 | 3 |
|---------------------------|---|---|---|

****Access requested to (circle all that apply): Admin Normandy Road Ordnance Pier C-2 C-34 Barracks After-hours Key & Essential Camera ** (Approved areas will be initialed by final authority)****

1. It is requested that a pass be issued to the listed person. It is understood that this command/company will be responsible for said pass and it will be returned at the termination of assignment/employment or completion of present contract.

2. It is further represented that this command/company assumes responsibility for the person listed below while they are on the property of NWS Earle during the period for which the pass will be issued.

3. The listed person is a citizen of the United States of America. It is understood that if this person requires access to restricted areas of NWS Earle, they will provide proof of citizenship. It is requested the following day/time restrictions be placed on this individual's access.

Day/time restrictions:

4

Contractor's Representative (print name)

5 Ph #

Signature, Date, and Contact Number PLEASE!

Ph #

Government Representative (print name)

Signature, Date, and Contact Number

***** (PLEASE PRINT LEGIBLY, FILL IN ALL BLANKS, AND SIGN OR THIS FORM WILL NOT BE PROCESSED!!) *****

***** PLEASE ALLOW 3 WORKING DAYS FOR PROCESSING *****

*Employee Name

6 _____ (Last) _____ (First) _____ (Middle) _____ (Maiden, Alias, Former)

7*Address: _____ *Phone Number _____

8*City: _____ *State: _____ *Zip _____

9*Social Security # _____ *Date of Birth _____

10*Drivers License Number _____ *State issued _____ *Gender/Race _____

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application or request for restricted area access is complete, true, and accurate. I acknowledge that falsification or omission of information may result in dismissal of any offer of employment or restricted area access.

I hereby voluntarily consent to and authorize the Employer or Naval Weapons Station Earle Security Department and or its authorized agents bearing this release or copy thereof to obtain a consumer report, Investigative consumer report or a criminal history record on me. I hereby release any and all persons or organizations from all claims and liabilities of any nature in connection with this research.

11 Signature: Date:

Barracks Access Approved Date

Approved/Disapproved

Ohmsett

INSTRUCTIONS FOR COMPLETING ATTACHED BACKGROUND CHECK FORM

Please complete, sign, and fax the attached NWS Earle Background Check Form in black ink to me at 732-866-7105 at least two weeks prior to your visit. The following blocks on the Background Check Form should be completed:

- 1 Division/Subcontractor** (this is your company or agency name);
- 2 Employee Job Title;**
- 3 PRD/Completion Date** (dates of visit: example 1/1/08 – 1/11/08 OR 5/15/09);;
- 4 Contractor's Representative** (this is you or your supervisor, write in the block located above wording)
- 5 Signature and Date and Contact Number.**
- 6 Last, First, Middle, Names, etc**
- 7 Address;**
- 8 City; State; Zip Code;**
- 9 Social Security #; Date of Birth;**
- 10 Driver's License #; State Issued; Gender/Race;**
- 11 Signature and Date**

On the first day of your visit, please bring a valid driver's license (passport may be substituted), vehicle registration and insurance to the Pass & ID Office at the NWS Earle Main Gate. Also list your phone no. (and/or e-mail address) somewhere on the form in case I need to contact you. If you plan on bringing a camera, list the make, model number, and serial number on the Security Clearance Form, or on a separate piece of paper. If you have any questions, please call me at 732-866-7182 or send me an e-mail at rosenberg@ohmsett.com.



MAR INC./ OHMSETT FACILITY
PHONE: (732)866-7183 FAX: (732)866-7105

MAILING: P.O. BOX 473
ATLANTIC HIGHLANDS, NJ07716

SHIPPING: NWS-EARLE-WATERFRONT
RT. 36 BUILDING R-26
LEONARDO, NJ 07737

