

STARBASE Florida

Security Clearance FORM 2

IMPORTANT Instructions

- This form **MUST** be typed
- Initials and signatures **MUST** be signed by hand; therefore, you will need to print the completed typed form, sign and initial the form, then scan it and email it to our office
- Check boxes or yes/no information must be clearly selected or completed by hand
- You **MUST** include both your social security number **AND** state identification
- The information sheets **CAN NOT** exceed two pages, if your editing changes the page formatting you will need to correct it.
- You **MUST** include a clear copy of your state identification or Driver's License with this form.
- **IMPORTANT:** If you are **NOT** a naturalized United States citizen, we will be unable to process your application in a timely manner due to the extensive additional documentation needed. Unfortunately, you will not be able to attend our program.

If you have questions or need help completing this form, **PLEASE** contact our office manager at (904) 741-7320 or email us at sb.florida@dodstarbase.org

SAMPLE - 125TH FIGHTER WING DBIDS CARD/BASE ACCESS PASS REGISTRATION

PRIVACY ACT STATEMENT:

AUTHORITY: Title 5, USC 3331, 552, 552a; 10 USC 10204; Executive Orders (EO) 10450, 10865, and 12333.

PURPOSE(S): To control physical access to the 125th Fighter Wing and Florida Air National Guard (FANG) Installations/Units controlled information, installations, facilities, or areas over which DoD and the 125 FW has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To designated contractors, Federal agencies, visitors, and foreign governments for the purpose of granting Florida Air National Guard official access to their facility. The Social Security Number (SSN), required for record accuracy, is requested pursuant to EO 9397.

DISCLOSURE: Providing requested information, to include your SSN is voluntary. However, your access may not be granted if all requested information is not provided. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in performance of their official duties. Deliver this document directly to the intended recipient. DO NOT drop off or send to a third-party. This document contains personal or privileged information and should be treated as "CONTROLLED UNCLASSIFIED INFORMATION (CUI)".

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME: Smith	2. FIRST NAME: Jane	3. MIDDLE NAME: Anna	4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
5. RACE (Check one or more): <input type="checkbox"/> AMERICAN INDIAN or ALASKA <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input checked="" type="checkbox"/> WHITE			
6. GENDER (Check one): <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	7. DATE OF BIRTH: 01/01/1980	8. CITY OF BIRTH: Jacksonville	9. STATE OF BIRTH: Florida
		10. BIRTH COUNTRY: United States	
11. US CITIZEN (Check): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):	

U.S. Citizen Minimum Documentation Required:

By Birth - Social Security Number and State ID/Driver's License.

Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security Number and/or State ID/Driver's License.

Derived - Parent's certification number, Social Security Number and/or State ID/Driver's License.

Alien Minimum Documentation Required:

Registration Number (USCIS#), Expiration date, Date of entry, Port of entry, Social Security Number (If working on the installation)

13. IDENTITY SOURCE DOCUMENTS PRESENTED:	14. DOCUMENT NUMBER:	15. ISSUED BY STATE/COURT:	16. ISSUED BY COUNTRY:	17. ISSUED:	18. EXPIRES:
<input checked="" type="checkbox"/> Social Security No.	123-12-1234		United States		
<input checked="" type="checkbox"/> State ID/Driver's License	A123-123-12-1234-0	Florida	United States	01/01/2021	01/01/2028
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No. (USCIS#)			United States		

Date of Entry:

Port of Entry:

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>					
<input type="checkbox"/>					
19. WEIGHT (Pounds): 100 lbs	20. HEIGHT (Inches): 60 inches	21. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald		22. EYE COLOR (Check one) Other: <input type="checkbox"/> Brown <input checked="" type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel	

23. HOME ADDRESS (Include city, state, zip code):

1234 Regal Road, Jacksonville, FL 32218

HOME PHONE (Include Area Code):

(904) 123-1234

24. BASE SPONSOR'S NAME:XXX

Peter Carafano, STARBASE Florida

SPONSOR PHONE (Include Area Code):

(904) 741-7321

EMPLOYMENT ACTIVITY INFORMATION			
25. EMPLOYER NAME AND ADDRESS (Include city/state/zip code) (Required only for personnel working / site visits / special events on the installation): Acme Elementary School 1234 Schoolhouse Road, Jacksonville, FL, 32218		EMPLOYER PHONE (Include Area Code): (904) 123-1234	
26. SUPERVISOR NAME (Required only for personnel working / site visits / special events on the installation): Principal John Smith		SUPERVISOR PHONE (Include Area Code): (904) 123-1234	
27. Check the applicable box for VISITATION / WORK HOURS box or check the OTHER box and enter the hours, then check the applicable box for VISITATION / WORKDAYS: Purpose of visitation: <u>STARBASE</u>			
HOURS: <input type="checkbox"/> 0600-1800 <input checked="" type="checkbox"/> 0800-1700 <input type="checkbox"/> OTHER _____ DAYS: <input type="checkbox"/> SN <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> TH <input checked="" type="checkbox"/> F <input type="checkbox"/> ST			
DATES OF VISITATION / WORK TO BE PERFORMED: FROM: 08/26/24 TO: 08/30/24			
PRIOR FELONY CONVICTIONS			
28. Have you ever been convicted of a Felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO JS Initial			
REQUIREMENT TO RETURN DEFENSE BIOMETRIC IDENTIFICATION SYSTEM (DBIDS) CARD			
29. I understand that I am required to return my DBIDS Card to the Base Pass Office when it expires or if my employment is terminated for any reason. JS (initial)			
AUTHORIZATION AND RELEASE AND CERTIFICATION			
30. I hereby authorize the DOD/125 FW and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).			
I have been notified of the 125 FW right to perform minimal vetting and fitness determination as a condition of access to 125 FW installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.			
I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.			
FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.			
BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. I			
DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT.			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>DATE 08/06/24</div> <div>SIGNATURE </div> </div>			
FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to FANG controlled installations/facilities under his/her jurisdiction.			
GOVERNMENT SPONSOR'S CERTIFICATION			
31. I certify that the applicant meets the justification requirements as indicated in Part IV above for access privileges. (If applicable) I certify that the applicant requires an access control card as indicated above in order to perform assigned duties or conduct official business on the 125th Fighter Wing Installation.			
32. COR/SUPERVISOR/SPONSOR/ PHONE NUMBER / CONTRACT NUMBER (Invalid if Incomplete)		33. COR/SUPERVISOR/SPONSOR SIGNATURE (Invalid if Incomplete)	
BELOW COMPLETED BY SECURITY FORCES PASS AND ID/GATE PERSONNEL CONDUCTING IDENTITY PROOFING and NCIC CHECK			
34. INFORMATION VERIFIED BY:	35. ENTERED INTO DBIDS/PASS ISSUED BY:	36. DBIDS/PASS ISSUE DATE:	37. DBIDS/PASS EXPIRATION DATE:
38. NCIC CHECK PERFORMED BY:		39. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER: _____	
		40. RESULTS OF LOCAL RECORDS CHECK: NO <input type="checkbox"/> RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER: _____	

Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on an DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, the 125 FW Commander's Installation Denials Memo covers felonies related to espionage, homicide, kidnapping, rape/sexual assault, registered sex offenders, and other serious offenses; length since certain felonies occurred; and criteria for misdemeanor offenses. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.

Instruction for completing the Local Population Access Registration Form

INSTRUCTIONS: Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

RESTRICTIONS: Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass.

Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction.

Review the Privacy At Statement that is printed at the top of the form

<p>Block 1: Enter the Last Name. Block 2: Enter the First Name. Block 3: Enter the Middle Name. Block 4: If applicable, check the box for Name Suffix. Block 5: Check the applicable box for Race. Block 6: Check the applicable box for Gender. Block 7: Enter Date of Birth. Block 8: Enter City of Birth. Block 9: Enter State of Birth. Block 10: Enter Country of Birth. Block 11: Check the applicable box for US Citizenship. Block 12: If not a US Citizen, enter the name of the Country of Citizenship. Block 13: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present. Block 14: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 13. Block 15: Enter the State that issued the Identity Source Document. Block 16: Enter the Country that issued the Identity Source Document. Block 17: Enter the Date that the Identity Source Document was issued. Block 18: Enter the Date that the Identity Source Document will expire.</p>	<p>Block 19: Enter Weight in pounds. Block 20: Enter Height in inches. Block 21: Check the applicable box for Hair Color. Block 22: Check the applicable box for Eye Color. Block 23: Enter Home Address Including City, State, Zip Code, and Home Telephone Number. Block 24: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number. Block 25: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number. (Required only for personnel working / site visits / special events on the installation) Block 26: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number. (Required only for personnel working / site visits / special events on the installation) Block 27: Write in purpose for visit. Check the applicable box for Visitation / Work Hours box or check the OTHER box and enter the hours, then check applicable boxes for days on the installation. Block 28: Check the applicable answer if you have been convicted of Felony and enter initials. Block 29: Enter initials to accept terms for returning DBIDS Card. Block 30: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge. Signatures must be hand signed / CAC signed / DocuSign type signatures. Font style and mouse or stylus signatures are not authorized. Blocks 31-40: Will be completed by 125 Fighter Wing Personnel</p>
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LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.

Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card.		1. Driver's license or ID card issued by a State or		1. A Social Security Account Number card, unless
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551).		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.		the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION. (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION.
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.		3. School ID card with a photograph		2. Certification of Birth Abroad issued by the Department of State (Form FS-545).
4. Employment Authorization Document that contains a photograph (Form I-766).		4. Voter's registration card.		3. Certification of Birth issued by the Department of State (Form DS-1360).
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign Passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form.		5. U.S. Military card or draft record.		4. Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal.
6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM.		6. Military dependent's ID card.		5. Native American tribal document.
		7. U.S. Coast Guard Merchant Mariner Card.		6. U.S. Citizen ID Card (Form I-197).
		8. Native American tribal document.		7. Identification Card for Use of Resident Citizen in the United States (Form I-179).
		9. Driver's license issued by a Canadian government authority.		8. Employment authorization document issued by the Department of Homeland Security.
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card.		
		11. Clinic, doctor, or hospital record.		
		12. Day-care or nursery school record.		