

MCSF-BI/BIC TEMPORARY CONTRACTOR BADGE/ACCESS REQUEST FORM

Privacy Act Statement

This information is collected under the authority of Title 5 US Code Sec. 301 and Title 44 US Code Sec. 3101. This information is used to identify persons requesting MCSF-BIC Badges to enter this installation; routine use of records in conjunction with civil and military administrative and regulatory actions. Disclosure of this information is voluntary; however, badges will not be issued to persons failing to provide such information.

CONTRACTOR/SUBCONTRACTOR INFORMATION

Contractor Company Name: _____		Contractor #: _____	
Subcontractor Company Name: _____		Issue Date: _____	
(If Applicable)			
Last Name: _____		First Name: _____	Middle Name: _____
SSN# _____		Alien Reg#: _____	
Drivers License Number: _____		Drivers License State: _____	Drivers License Country: _____
Date of Birth: _____	City of Birth: _____	State of Birth: _____	Country of Birth: _____
Employee Type: "X" Appropriate Box		<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor:
Home Phone: _____		Cell Phone: _____	Work Phone: _____
Home Address: _____		City: _____	
State: _____		Zip Code: _____	Country: _____

APPEARANCE INFORMATION

Height: _____	Weight: _____	Race: _____	Ethnicity: _____
Gender: _____	Hair Color: _____		Eye Color: _____

EMPLOYER/CONTRACT INFORMATION

Employed By: _____			
Contract Start Date: _____		Contract End Date: _____	Government Rep Name: _____
Work Site: (Exact Location while working aboard MCSF-BI) <u>UTC Aerospace Systems</u>			
Work Days	Work Hours	After Hours Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Weekend Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Site: (EXACT LOCATION WHILE WORKING ABOARD MARINE CORPS SUPPORT FACILITY)			

Contractor's Signature: _____ Date: _____

I certify that the above named contractor has met all contractor screening requirements as outlined in MARADMIN 533/08, and that I have verified all supporting documentation.

Contracting Officer: _____ Date: _____
 (Printed MCSF-BI/BIC Contracting Officer/Representative Name)

Contracting Officer: _____
 (Signature MCSF-BI/BIC Contracting Officer/Representative)

AUTOMATED ACCESS CONTROL SYSTEM (AACS) BUILDING 100 AND BERTHS

Bldg 100 _____	Hours _____	Berth 1 _____	Hours _____
Berth 2 _____	Hours _____		
BIC Operations Division: _____			Date: _____

MCPD MCSF-BI/BIC ID OFFICE USE ONLY

Date Processed Entered into CLEOC: _____		Date NCIC Check Conducted: _____	
Processing Conducted By: _____		NCIC Check: Favorable / Unfavorable	
(Printed Officer's Name)		(Circle One)	
Signature Processing Officer: _____		NCIC Check Conducted By: _____	
		(Print Last Name)	