

PERSONAL IDENTIFICATION INFORMATIONMCASY 5500/9 (Rev 09-08)
Designed in Adobe Live Cycle Designer*** INSTRUCTIONS:**

This form contains information that is provided for official use only and is protected from public disclosure by the Privacy Act of 1974 (Title 5 U.S.C. §552a) and exemption (b)(6) of the Freedom of Information Act (Title 5, U.S.C. §552, as amended). All recipients are required to ensure that this information is used solely for the specific official government business for which it was provided. Further duplication of this material with prior authorization from this office is not authorized. Civil and/or criminal penalties can apply for improper use.

"FOR OFFICIAL USE ONLY"

Regulatory requirement for SSN - DoD 5200.8R in order to obtain background check on individuals desiring access to MCAS Yuma.

This form requires user/requestor to properly document and store Personally Identifiable Information (PII) per station and HHQ regulations.

SUPERVISOR'S CERTIFICATION

I certify that the information provided below is true and accurate and that:

1. Upon termination of the employee's employment the identification badge will be immediately returned to military police.
2. If the identification badge of the employee is lost or stolen, I will report it immediately to the military police.

Supervisor's Signature:

Date:

Supervisor's Typed Name:

Phone:

Contractor Name:

Sub-Contractor Name:

Last Name, First, Middle

DOB:

Local Address

Home Phone

Permanent Address

Phone:

SSN *

Passport #:

Alien #:

Driver's License #

State:

Hair:

Eyes:

Height:

Weight:

Blood Type:

 Male Female

Race:

City of Birth:

State of Birth:

Company Address:

Company Phone:

Work Site (Bldg#):

F/L:

P-111 :

Activity:

Select One Government Contract NAFI Construction

Estimated length of contract:

Thru:

Contract #:

Year Round Employee: YES NO

Hours of Employment:

Days of Employment:

Remarks:

STATEMENT OF EMPLOYEE

I certify that the information provided above is true and accurate and that:

1. Upon termination of the my employment, I will immediately return my badge to the military police.
2. If my identification badge is lost or stolen, I will report it immediately to the military police.

Employee's Signature:

Date:

Employee's Typed Name

PASS AND REGISTRATION GOVERNMENT VALIDATING OFFICER (GVO)

GVO Signature:

Date:

GVO Typed Name