Facility Access Badge Request

SUBJECT INFORMATION *

LAST NAME (add suffix)	FIRST NAME	MIDDLE NAME (FULL)	Prefix/Rank	Branch/Division

EMAIL ADDRESS (. mil preferred)	PRIMARY PHONE (CELL)	BLDG/Room Number

SUBJECTS SUPERVISOR/SPONSOR:

FIRST NAME	LAST NAME (add suffix)	Middle Name	EMAIL ADDRESS (. mil preferred)

Prefix/Rank	UNIT OR DIVISION	TITLE	SIGNATURE	DATE

REQUESTED ACCESS: Hours   Certain areas require POC signature and or memorandum for access

BLDG 49000:	**BRYANT AIRFIELD:**
OFFICE/ROOM:	**CSMS/OMS:**
USPFO 49139:	**BLDG 49140:**

Areas unlisted requiring access:

C104 (Restricted):	**JOC (Restricted):**
Telephone Frame:	**Federal Room:**

NOTES:

Submission of this form will be to the current Access Control POC.
All other inquiries for access badge requests will be through the AKARNG G3 Protections.

APPROVING AUTHORITY: (Security Office)

(Last, First)	**(Signature)**	**(Date)**	**(Badge ID #)**

Badge Holder Agreement: (Upon receipt of the access badge, I agree to:)

1. Not allow any other person utilize my badge
2. Register any visitors I may have with Armory Security Personnel and ensure they remain with me at all times displaying their badge appropriately on their person
3. Not allow anyone to "tailgate" or "piggy back" through facility doorways, unless escorting them as a registered visitor
4. Not to prop open secure doors for the sake of conveniences
5. Notify Armory Security upon a change of position or duty requirement resulting in a necessary change to access
6. Return my access badge to the Armory Security Personnel upon permanent departure from the AKOM
7. Report the loss/theft of my badge to Armory Security Personnel as immediately as possible
8. Report badge malfunction to Armory Security Personnel

(Badge Holder Last, First)	**(Badge Holder Signature)**	**(Date)**

* NOTE: Subject and supervisor section must be filled out completely and signed in order for the request to be processed, otherwise the document will be returned to the applicant.