

INDIVIDUAL APPLICATION FOR MERCHANT PASS (UNOFFICIAL BUSINESS)

(ENSURE DATA IS LEGIBLE AND COMPLETE)

PRIVACY ACT STATEMENT

1. **AUTHORITY:** 10 U.S.C. 8013. **PRINCIPLE PURPOSE:** To record personal information on an individual who requires long-term access on an Air Force installation for unofficial business. To ensure the safety of the installation community is not compromised. 3. **ROUTINE USES:** Information may be disclosed to local, county, state and federal law enforcement/investigative authorities for investigation purposes. 4. **DISCLOSURE:** Voluntary. Failure to disclose the information will result in individual not being allowed to conduct business on the installation without escort or sponsorship. Failure to disclose the information can also result in expulsion or barment from the installation.

1. LAST NAME:	2. FIRST NAME, MIDDLE INITIAL:
3. DOB:	4. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. ADDRESS, CITY, AND ZIP CODE:	
6. DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:	7. RACE:
8. ALABAMA RESIDENT FOR LAST 7 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NATIONAL BACKGROUND CHECK REQUIRED NOTE: IF PERSON HAS MILITARY ID (Active or Reserve), NO BACKGROUND CHECK REQUIRED	
9. HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN IN DETAIL NATURE OF OFFENSE AND OUTCOME (ON SEPARATE SHEET OF PAPER)	
10. COMPANY:	
11. DAYS OF THE WEEK AND HOURS REQUESTING AUTHORIZATION TO ENTER MAXWELL AFB FOR BUSINESS PURPOSES ONLY: (Indicate all that apply) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
12. EARLIEST ENTRY HOUR:	13. LATEST ENTRY HOUR:
14. I authorize the use and release of my personal information to Maxwell Air Force Base, Alabama, to accomplish preliminary criminal background checks to determine access to Maxwell AFB in connection with proposed unofficial business. Merchant Pass is Government Property and I understand that I will be held accountable for its use and security. If I lose my pass, I understand an updated background check by the Alabama Bureau of Investigation is required before the pass will be reissued. All the information listed on this application is true and accurate to the best of my knowledge.	
15. SIGNATURE OF EMPLOYEE	16. DATE
17. This person represents my company. I have reviewed this information and verify it is correct.	
18. SIGNATURE OF COMPANY REPRESENTATIVE	19. DATE

DO NOT WRITE BELOW - GOVERNMENT USE ONLY

20. BACKGROUND CHECK DATE COMPLETED:	23. CARD ISSUE DATE:
21. BACKGROUND CHECK RESULTS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	24. EXPIRATION DATE: (1 year from issue date)
22. FPCON Level Authorization: (Check highest level) NORMAL <input type="checkbox"/> ALPHA <input type="checkbox"/> BRAVO <input type="checkbox"/> CHARLIE <input type="checkbox"/> DELTA <input type="checkbox"/>	25. PROCESSED BY:
	26. CARD NUMBER: