

**REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
FOR A NONCRIMINAL PURPOSE**
(TYPE OR PRINT ALL INFORMATION)

Date of Request _____

SECTION I. NAME OF APPLICANT

Last/Maiden Name	First Name	Middle Name

SECTION II. ADDRESS

Number and Street	City	State	Zip Code

SECTION III. PERSONAL INFORMATION

Date of Birth (YYYYMMDD)	Sex	Driver's License number
	M / F	
Social Security Number	Race	Driver's License State
Passport Number**	Country of Citizenship	Phone Number

PURPOSE FOR REQUEST

<input type="checkbox"/> Contractor	<input type="checkbox"/> Vendor	<input type="checkbox"/> Company Name (If applicable)
<input type="checkbox"/> Visitor	<input type="checkbox"/> MWR Use	
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Non-Contracted Business	
<input type="checkbox"/> Other	<input type="checkbox"/> Describe Other	

Signature of Requester

**Required if Foreign National

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301.10 U.S.C. 8012 and 8034, and EO 9397

PRINCIPAL PURPOSE: To verify individual status and conduct any background checks to determine if access to Joint Base McGuire-Dix-Lakehurst (JB MDL) is warranted. ROUTINE USE: All information will be maintained in a central Security Forces database and may be disclosed to public affairs and security representatives to carry out official duties. Information will not be considered "Public Domain" and will be safeguarded by the end users. DISCLOSURE: Information collected on this form and your signature are voluntary. If you have no objection to these procedures fill out the form and sign your name. Failure to provide the requested information or a signature may lead to denial of access and privileges at JB MDL.

This section for Security Forces Use only

_____ Control number

_____ Date Conducted

_____ Derogatory (Y or N)

_____ Operator