

RED CHUTE

SHOTGUN SPORTS CLUB

Barksdale Air Force Base, Louisiana

Paul D. Williamson, Jr.
2FSS Community Services Flight Chief, GS-13
Office: (318) 456-1360 Cell: (318) 453-0991 Fax: (318) 457-1207
paul.williamson.12@us.af.mil

In June 2012, the entry procedures for the base changed. The Yellow Entry Cards previously used were replaced with a new DBIDS card; there is no charge for this card.

To obtain a DBIDS card fill out and return to me the attached form. You may scan and E-Mail the form or fax it to me at the number above. I will then complete my portion of the form and turn it in to Security Forces for processing. Within 72 hours from that time, you should be able to go into the gate office and receive your new picture ID. Youth under the age of 16 are not required to have this ID.

This DBIDS ID will be good for one year but will not replace actual club membership cards (for Members). We still have to track that separately. You will be able to get your DBIDS card between 0800 and 1600 (8am - 4pm) Monday through Friday. Security Forces does not offer this service on Saturdays or Sundays.

All persons not having a DBIDS ID or will need to contact the club or me to gain entry. For all who attend only registered shooting events, we will still create an Entry Access List (EAL) to the gate. To be added to that list a request needs to be turned in to me at least 5 days in advance. If you have any questions or concerns feel free to call me at (318) 453-0991.

Paul Williamson
2FSS Community Services Flight Chief

Instructions:

Complete Sections I through III, sign and date in Section IV. Leave everything below your signature blank. Scan and E-Mail the form to the address above or fax it to (318) 457-1207.

BARKSDALE AFB ACCESS REQUEST FORM <small>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)</small>	Ensure that all spaces are completed or request will not be processed.
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Complete this form and return to your Barksdale AFB sponsor. A National Crime and Information Center (NCIC) Criminal check will be conducted prior to granting access to the installation. By signing this application, you affirm/swear the information provided is true. That a knowing and willful false statement on this application can be punished by barmment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to Barksdale AFB, within 24 hours, if you're convicted of any of the above criminal offenses that occur while you have unescorted access authority to Barksdale AFB.

Section I. PERSONAL INFORMATION

1. NAME (Last, First, Middle) 	2. DRIVER'S LICENSE #/STATE OF ISSUE 	3. Social Security Number 	4. DATE OF BIRTH (YYYYMMDD)
5. CURRENT ADDRESS (Include City/State/ZIP Code) 		6. HOME PHONE NUMBER 	
7. SEX 	8. RACE 	9. EYE COLOR 	10. HAIR COLOR
11. HEIGHT 		12. WEIGHT 	

Section II. PLACE OF BIRTH

1. CITY 	2. STATE (If applicable) 	3. COUNTRY
4. U.S. CITIZEN? (If no, answer question 5) 	5. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER, AND EXPIRATION DATE (If applicable) 	

Section III. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT

By accepting this pass you give your consent to search of your vehicle while it is entering on, or leaving Barksdale Air Force Base. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.

_____ **Initial**

Section IV: ATTESTATION

I attest to the fact that I have been briefed by my sponsor and understand the purpose for the NCIC. I understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws. Permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access Barksdale Air Force Base. I have voluntarily completed this form and shall provide the Air Force a specimen of my fingerprints, if/when requested. I hereby give my consent and authorization for the Air Force to conduct any additional background screenings deemed necessary over the next 12 months, to include comparing/checking my fingerprints against local, state, and federal criminal databases. I understand (a) criminal offense(s) may be prosecuted in federal court. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willfully false statement on this application can be punished by fine or imprisonment or both (18 U.S.C section 1001).

I understand approvals/denials take 7 working days and can be verified by phone by calling the West/East Gate Visitor Center, M-F, 7:30am-4pm (318-456-4292/318-456-4354).

Applicant Signature: _____ **Date:** _____

ACCESS DENIALS. If denied, you may appeal in writing to the Civilian Air Provost. If you appeal, you must provide a copy of supporting documentation (i.e. court minutes, expunged records, etc.) that may mitigate your security issues to the Pass & ID Office at the East Gate Visitor Center or by mail to 2 SFS/S-5, 1200 Range Road, Barksdale AFB, LA 71110.

Section V. FOR USE BY BARKSDALE AFB SPONSORING ORGANIZATION OR AGENT CARD/VISITOR SPONSOR ONLY

1.) Circle one. Long-term Pass DOD Civilian Dependent Contractor Agent

2.) Days of the week and hours requesting authorization to enter Barksdale AFB. (Circle all that apply)

M. Tu. W. Th. F. Sa. Su.

Dates of pass: | ____ 1 Yr ____ | Earliest hour: | ____ 0600 ____ | AM / PM Latest hour: | ____ 2100 ____ | AM / PM

Barksdale AFB sponsoring organization/agency (i.e. 2 CES, AAFES, Base Education Office)/reason for long-term pass:
| 2FSS/FSWO |

2.) Print contact information of Barksdale AFB sponsor/base agency representative:

Last Name: | Williamson | First Name: | Paul | Middle Initial: | D |

Social Security Number | [| |] |

Title/Rank: Community Services Flight Chief, GS-13 | Phone :|318-453-0991 | Email: | paul.williamson.12@us.af.mil |

_____ | _____

Signature Date

DoD sponsor must deliver completed form to Pass and ID office or send encrypted email from .mil address to 2SFS.SFAP@US.AF.MIL.

Section VI. PRIVACY ACT STATEMENT

Authority: 50 USC Section 797; E.O. 9397

PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist Security Forces personnel in documenting contractor employee suitability for access to USAF installations. Social security number and date of birth are necessary to identify the person and records. This information may be used to determine suitability of person desiring access to Barksdale Air Force Base: as well as, for lawful purposes including law enforcement and litigation. This information will be used to generate state and federal criminal history records checks.

INTENDED USE: For all personnel who are not authorized a Common Access Card (CAC) and require regular and frequent access to the installation in performance of their official duties.

DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provided information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Air Force contract while serving in the capacity of prime contractor or subcontractor/supplier employee.