



# Quantico Shooting Club, Inc

Post Office Box 212 • Quantico, Virginia 22134 • (703) 463-8214

contact@quanticoshootingclub.com

## ASSOCIATE MEMBER WAIVER PACKAGE INSTRUCTIONS

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### *Associate Members, must complete:*

1. **Waiver of Liability on Pages 2 & 3. Associate members only complete the **first** signature section on page 3.**
2. **QSC Acknowledgment of Qualification to Possess Firearms or Ammunition, Page 4 of the package**
3. **MCINCR - MCBQ Firearms Regulations Acknowledgment. Pages 5 & 6 of the package. Complete all highlighted areas, even if you do not think they apply to you. Your initials simply signify you have read the advisories.**
  - a. **Complete the rear Name section while leaving the Rank section blank.**
  - b. **The on-base quarters section does not apply.**
  - c. **Sign and Date the form.**

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### *Associate Member Vetting Form:*

1. **If you do not have credentials that allow you to access MCBQ, then you need to fill out a Department of the Navy Local Population ID Card/Base Access Pass Registration form, located at page 8. This is a background check that, once approved, allows you to obtain a "DBIDS" card for base access.**
2. **The form is self-explanatory and has instructions as the last page of the form.**
3. **QSC acts as your sponsor.**
4. **Sign and date the back of the form.**
5. **QSC will submit the form to the Base Visitor's Control Center for vetting.**
6. **You report to the Visitor Control Center, **once you receive your Club Card**, to complete the process.**
7. **VITAL - Bring a Real ID as your primary form of identification, along with your QSC Member Card.**
  - a. **If you do not have a Real ID, you **MUST** bring three forms of ID with you to the Visitor's Center.**
  - b. **These are their rules, not the QSCs.**
  - c. **Contact the MCBQ Visitor's Center at 703-784-3023 and they can assist or answer questions.**

**WAIVER OF LIABILITY**  
for  
**PARTICIPATION IN NON-FEDERAL ENTITY ACTIVITIES**  
*aboard*  
**MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION -**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

I am about to observe or participate in activities to be conducted under the direction of the **QUANTICO SHOOTING CLUB, INC.**, hereinafter the "*Organization*", on Marine Corps Installations National Capital Region - Marine Corps Base Quantico (MCINCR-MCQB). I understand that the Organization is a non-federal entity and is not a Federal Government entity. I understand that the Organization is conducting events on MCINCR-MCBQ by permission of the Federal Government subject to certain terms and conditions. I understand that my observation and/or participation in the activities of the Organization will involve access to MCINCR-MCBQ, an active military base that consists of Marine Corps Base ranges and training areas.

I understand the following three cautions with regard to MCINCR-MCBQ:

1. All ranges and training areas, including recreational fields, are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat.
2. Ranges and training areas have been subject to countless training exercises that may well have involved the use of ammunition and placement of manmade or natural obstacles which, if triggered or encountered by or during physical presence on the ranges/training areas, could result in serious bodily injury or death to me.
3. Range and training area conditions are often aggravated by the weather such that extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and exposure to serious bodily injury, sickness, accident, or death.

I understand that certain activities may cause injuries associated with physical fitness training like muscle sprains or strains, tendon pulls, dislocation of joints, broken bones, and injuries associated with physical contact with other participants, and injuries from playing conditions, to include field conditions and the inherent dangers associated with environmental conditions.

I further understand that the organization will provide the following events or activities and I voluntarily assume the specific risks associated with observing or participating in these types of events or activities, which include the use of live ammunition and weapons by both instructors, members and guests who have varying levels of proficiency in the use of weapons and tactics, which could result in serious bodily injury or death to me.

1. Organization instructors, members and guests engage in a full range of rifle, pistol and shotgun shooting such as, but not limited to: recreational firing, training and organized shooting activities such as matches, using varying caliber/gauge weapons;
2. Organization's events involve instructors, members and guests of varying degrees of proficiency in differing situations and shooting positions that could involve static position shooting and shooting while moving or other tactical shooting activities that may subject participants to additional risk, and;
3. Organization instructors, members and guests use target and target frame materials that could cause fragmentation or ricochet hazards for shooters, members, observers and guests.

In spite of my full knowledge of the risks involved in observing and/or participating in the Organization's activities and, in consideration of the privilege to participate in the Organization's activities to be held aboard MCINCR-MCBQ, I do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with these activities and waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to negligence for damages due to accident, injury, or my death resulting from observation and/or participation in any of the Organization's activities, for me, my spouse, my parent or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone on my behalf, which I may have against any of the following: the United States of America, the Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Combat Development Command, Marine Corps Base Quantico, the Organization or any and all individuals assigned to or employed by the United States or Organization, to include, but not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, the Commander of Marine Corps Base, Quantico, Organization's staff, OICs, RSOs, instructors and Board of Directors in both their official and personal capacities, or any medical personnel or their representatives, successors, or assigns designated thereto.

I understand that the above language means I have abandoned any rights I may have or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the Federal Government or Organization for any injury that I may sustain because of participation and/or observation in any of the organization's activities that result in any damage whatsoever to me, my property, or in my death. By signing this document, I acknowledge that the Federal Government and the Organization, or any agency or employee thereof, is not liable for any injury I may sustain, to include death, as a result of participation in, observation or attendance of the Organization's activities. By signing this document, I effectively and completely assume all risk associated with the Organization's activities.

Lastly, I understand that should I decline to execute this Waiver of Liability, I will not be permitted to attend, observe or participate in the organization's activities or event(s) to be held aboard MCINCR-MCBQ.

**ALL APPLICANTS - PLEASE READ CAREFULLY AND COMPLETE THE FOLLOWING:**

**BY VIRTUE OF MY SIGNATURE, I ACKNOWLEDGE AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ON THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS DOCUMENT IN WHOLE AND UNDERSTAND WHAT I AM SIGNING.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**ADDITIONALLY - ONLY FOR FEDERAL EMPLOYEES AND MILITARY PERSONNEL - ALSO COMPLETE THIS SECTION:**

To the extent that I am a federal employee or military member observing/participating in the Organization or directed activities under official orders or duty status, I acknowledge that the sole remedy for any injuries or death will be, respectively, the Federal Employees Compensation Act (FECA) at 5 U.S.C. Section 8102 or the Federal Tort Claims Act (FTCA), 28 U.S.C. Section 1346 et.seq., that any relief will lie solely against the Federal Government vice any individuals or Organizations, and that any relief may be barred in toto by the application of the FTCA.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THIS ACTIVITY, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITIES.**

I understand that should I decline to execute this Waiver of Liability, I will not be able to observe/participate in the Organization's activities.

\_\_\_\_\_  
Signature of Participant/Observer

\_\_\_\_\_  
Printed Name of Participant/Observer

\_\_\_\_\_  
Date

**Quantico Shooting Club**  
**Acknowledgement of Qualification to Possess Firearms or Ammunition**

An Amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

A person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearm restriction of the Gun Control Act unless all of the following elements are present:

1. The person was convicted of a crime;
2. The offence has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
3. The convicted offender was at the time of the offense:
  - a. A current or former spouse, parent or guardian of the victim,
  - b. A person with whom the victim shared a child in common,
  - c. A person who was cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or
  - d. A person who was similarly situated to a spouse, parent, or guardian of the victim;
4. The convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
5. If entitled to have the case tried by jury, the case was actually tried by jury of the person knowingly and intelligently waived the right to have the case tried by jury;
6. The conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, or the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

It is in the interest of the Quantico Shooting Club and Marine Corps Base Quantico to ensure that all participants in Club sponsored events comply with Federal Law. In order to ensure compliance, the following acknowledgement must be completed and signed by all individuals participating in Quantico Shooting Club events involving the use or possession of firearms or ammunition.

**ACKNOWLEDGEMENT**

**I have NOT been convicted of a crime of domestic violence, as described above.**

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
YYYYMMDD

MCINCR-MCBQ  
Firearms Regulations Acknowledgement

I, \_\_\_\_\_, acknowledge that I have read and understand MCINCR-MCBQO 5501 (Privately Owned Firearms and other Weapons).

*Initial the applicable statement:*

\_\_\_\_\_ I **do not** possess firearms that will be stored on MCBQ.

\_\_\_\_\_ I **do** possess firearms that will be stored on MCBQ.

**READ AND INITIAL ALL YELLOW HIGHLIGHTED AREAS AND SIGN ON THE BACK PAGE:**

\_\_\_\_\_ **Registration of Firearms.** All privately owned firearms stored on Base must be registered with the Provost Marshal Office within 10 working days of initially bringing them onto Base. For the ranks of E-5 and below, the registration form must be signed by the commanding officer of the individual registering the firearm.

**Transportation of Firearms:**

1. Firearms shall be transported in the trunk of the vehicle where available. In vehicles without a trunk, firearms shall be in a carrying case, and placed as far away from vehicle occupants as the situation permits. If transporting firearms while operating a motorcycle, the firearms must be cased and in a saddle bag, a backpack or some other carrying device. Firearms transported by motorcycle may not be carried on the person in any manner, including a holster.
2. Firearms must be unloaded and on safe during transport.
3. Magazines and all ammunition must be removed from firearms, where applicable, and kept separate, and as far as possible from the firearm.
4. Whenever a firearm is being transported by vehicle and contact is made with MCINCR-MCBQ PMO (military police or a civilian law enforcement officer), the operator of the vehicle shall immediately inform the law enforcement officer that he or she is in possession of a firearm.

\_\_\_\_\_ **Storage of Firearms.** Storage requirements for Bachelor Officer Quarters (BOQ), Staff Non-Commissioned Officer (SNCO) Quarters, and Lincoln Military Housing:

1. Firearms shall be stored in a fully encased container (e.g. commercial gun safe, hard plastic case, etc.) that is capable of completely enclosing the firearms and being locked with a key or combination lock.

2. Firearms shall be fitted with a trigger lock.
3. Ammunition shall be stored separately from firearms and in a container capable of being locked with a key or combination lock.
4. Firearms shall be unloaded and on safe.
5. Under no circumstances will any firearm be accessible to children, without close parental supervision.
6. Privately owned firearms shall not be stored in an enduring or long term manner within privately owned vehicles.

**Prohibited Activity:**

1. Possessing or introducing a privately owned firearm in any Federal facility; to include government-leased spaces and government vehicles.
2. Carrying a concealed privately owned firearm aboard MCINCR-MCBQ regardless of state license or permit (state-issued conceal carry permits are not recognized or valid on MCINCR-MCBQ). Law enforcement personnel authorized to conceal-carry privately owned weapons in the performance of duty are exempt.
3. Introducing, manufacturing, selling, importing, loaning, or possessing any firearm prohibited under Federal law.
4. Possessing a loaded, privately owned firearm, except when authorized on an approved-MCBQ range or within a designated hunting area.
5. Enduring storage of firearms in a privately owned vehicle. Firearms are authorized to be temporarily kept in privately owned vehicles for transportation to or from an approved location for authorized use on that day, provided they comply with transportation/storage requirements identified in this order.
6. Storing firearms in bachelor enlisted quarters (E-5 and below)
7. The possession and/or use by minors (17 years or younger) of any firearm, except when under the direct supervision of an adult and in an approved location.

Failure to comply with the regulations identified in MCINCR-MCBQO 8000.1E constitutes violations of lawful orders and may be prosecuted under Article 92 of the Uniformed Code of Military Justice or applicable Federal statutes, as appropriate. **SIGN BELOW EVEN IF YOU DO NOT LIVE ON BASE.**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Command Organization: Quantico Shooting Club

**MCBQ On Base Address - Leave Blank if you do not live on Base - BUT SIGN THE FORM! )**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **ASSOCIATE MEMBER VETTING FORM INSTRUCTIONS**

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*Associate Member Candidates - Only complete the vetting form if you do not have credentials allowing base access. If you do, simply leave the form blank.*

1. *The form's instructions are on the last page.*
  2. *QSC acts as your sponsor for base access. We have modified the form to account for our sponsorship and to black out the section that is not applicable.*
  3. *The vetting form is a background check.*
  4. *Complete, sign and submit if you require base access.*
  5. *QSC will process your application, transmit the vetting form to the Visitor's Center, and mail you a Club Card.*
  6. *Once your Club Card arrives, you can go to the Visitor's Center (during their operating hours) and receive a DBIDS base access card.*
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DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN [NM05512-2](#).  
**PURPOSE(S):** To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.  
**ROUTINE USE(S):** To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.  
**DISCLOSURE:** Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:		9. CITY OF BIRTH:		10. STATE OF BIRTH:	
12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country) :					

**U.S. Citizen Minimum Documentation Required:**

By Birth - Social Security No and/or State ID/Drivers License.  
 Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License.  
 Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.

**Alien Minimum Documentation Required:**

Registration Number, Expiration date, Date of entry, Port of entry.

14. IDENTITY SOURCE DOCUMENTS PRESENTED:	15. DOCUMENT NUMBER:	16. ISSUED BY STATE/COURT:	17. ISSUED BY COUNTRY:	18. ISSUED:	19. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		
		Date of Entry:		Port of Entry:	

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>					
<input type="checkbox"/>					

20. WEIGHT (Pounds):		21. HEIGHT (Inches):		22. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald				23. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown			
24. HOME ADDRESS (Include city, state, zip code):						HOME PHONE (Include Area Code):					
25. BASE SPONSOR'S NAME: <b>Quantico Shooting Club</b>						SPONSOR PHONE (Include Area Code):					

EMPLOYMENT ACTIVITY INFORMATION

26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):						EMPLOYER PHONE (Include Area Code):					
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):						SUPERVISOR PHONE (Include Area Code):					



28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:  
 WORK HOURS:  0600-1800  0800-1700  OTHER \_\_\_\_\_ WORK DAYS:  SN  M  T  W  TH  F  ST

**PRIOR FELONY CONVICTIONS**

29. Have you ever been convicted of a Felony?  YES  NO \_\_\_\_\_ *Initial*

**REQUIREMENT TO RETURN LOCAL POPULATION ID CARD**

30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. \_\_\_\_\_ *(initial)*

**AUTHORIZATION AND RELEASE AND CERTIFICATION**

31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.

**BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK**

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
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36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:	38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:
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Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on a DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.

## Instruction for completing the Local Population Access Registration Form

**INSTRUCTIONS:** Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

**RESTRICTIONS:** Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction. Review the Privacy At Statement that is printed at the top of the form

<p>Block 1: Enter the Last Name.                  Block 2: Enter the First Name.                  Block 3: Enter the Middle Name.                  Block 4: If applicable, check the box for Name Suffix.                  Block 5: Check the applicable box for Hispanic or Latino.                  Block 6: Check the applicable box for Race.                  Block 7: Check the applicable box for Gender.                  Block 8: Enter Date of Birth.                  Block 9: Enter City of Birth.                  Block 10: Enter State of Birth.                  Block 11: Enter Country of Birth.                  Block 12: Check the applicable box for US Citizenship.                  Block 13: If not a US Citizen, enter the name of the Country of Citizenship.                  Block 14: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present.                  Block 15: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 14.                  Block 16: Enter the State that issued the Identity Source Document.                  Block 17: Enter the Country that issued the Identity Source Document.</p>	<p>Block 18: Enter the Date that the Identity Source Document was issued.                  Block 19: Enter the Date that the Identity Source Document will expire.                  Block 20: Enter Weight in pounds.                  Block 21: Enter Height in inches.                  Block 22: Check the applicable box for Hair Color.                  Block 23: Check the applicable box for Eye Color.                  Block 24: Enter Home Address Including City, State, Zip Code, and Home Telephone Number.                  Block 25: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number.                  Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number.                  Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number.                  Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days.                  Block 28: Check the applicable answer if you have been convicted of Felony and enter initials.                  Block 29: Check the applicable box for felony conviction.                  Block 30: Enter initials to accept terms for returning Local Population Identification Card.                  Block 31: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.</p>
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**LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.**  
 Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card.</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551).</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766).</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign Passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshal Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM.</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card.</li> <li>5. U.S. Military card or draft record.</li> <li>6. Military dependent's ID card.</li> <li>7. U.S. Coast Guard Merchant Mariner Card.</li> <li>8. Native American tribal document.</li> <li>9. Driver's license issued by a Canadian government authority.</li> </ol> <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card.</li> <li>11. Clinic, doctor, or hospital record.</li> <li>12. Day-care or nursery school record.</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION.</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION.</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545).</li> <li>3. Certification of Birth issued by the Department of State (Form DS-1360).</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal.</li> <li>5. Native American tribal document.</li> <li>6. U.S. Citizen ID Card (Form I-197).</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179).</li> <li>8. Employment authorization document issued by the Department of Homeland Security.</li> </ol>

The remainder of the form will be completed by the Base Registrar Person conducting Identify Proofing process and NCIC check.

**AGENCY DISCLOSURE STATEMENT:**

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB 0703-0061. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN COMPLETED FORM TO THE ABOVE ADDRESS.**  
 Completed form should be submitted to the Base Registrar.