

ROCK ISLAND ARSENAL ACCESS CONTROL RECORD CHECK

Visitors are Welcome to RIA

Purpose: The United States Army requires a criminal records check be conducted on all visitors not affiliated with the Department of Defense or US Government.

SECTION I

NAME (Last, First, Middle Name)		LAST FOUR OF SOCIAL SECURITY #	
E-MAIL		DATE OF BIRTH (DAY/MONTH/YEAR)	
OTHER NAMES USED (No nicknames)		DRIVER'S LICENSE NUMBER & STATE OR STATE ISSUED ID#	
CURRENT HOME ADDRESS NUMBER AND STREET		CITY	STATE
			ZIP CODE

PURPOSE OF VISIT

LOCATION:	OFFICIAL BUSINESS	RECREATIONAL VISIT
<input type="checkbox"/> FIRST ARMY	<input type="checkbox"/> CHRA/CPAC	<input type="checkbox"/> GARRISON
<input type="checkbox"/> ARDEC	<input type="checkbox"/> COMMISSARY/PX	<input type="checkbox"/> JOINT MUNITIONS COMMAND
<input type="checkbox"/> ARMY CORPS OF ENGINEERS	<input type="checkbox"/> CONTRACTING	<input type="checkbox"/> CEMETARY
<input type="checkbox"/> ARMY SUSTAINMENT COMMAND	<input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> DINING CLUB HOUSE
<input type="checkbox"/> OTHER	<input type="checkbox"/> ECBC	<input type="checkbox"/> FISHING
	<input type="checkbox"/> RESERVE CENTER	<input type="checkbox"/> HISTORIC SITES
		<input type="checkbox"/> LOCK & DAM VISITOR CENTER
		<input type="checkbox"/> MUSEUM
		<input type="checkbox"/> MWR EVENT
		<input type="checkbox"/> GOLF
		<input type="checkbox"/> GYM
		<input type="checkbox"/> OTHER

PURPOSE OF VISIT:

GOVERNMENT POINT OF CONTACT

NAME: PHONE:

LENGTH OF VISIT DATE: TO:

FREQUENCY OF VISIT: ONE TIME DAILY WEEKLY MONTHLY

OTHER:

SECTION II

I HEREBY CONSENT TO THE RELEASE OF MY CRIMINAL HISTORY RECORDS.

PRIVACY ACT STATEMENT

I **Authorize** a representative of the Rock Island Arsenal, Directorate of Emergency Services to conduct my background check, to obtain any information relating to my criminal history record. I authorize the Rock Island Arsenal Police Department, conducting my investigation to disclose the record of my background investigation to the official responsible for making a determination of suitability or eligibility for access to Rock Island Arsenal. I understand that the information released by records custodians and sources of information is for OFFICIAL USE ONLY by the Rock Island Arsenal for the purposes stated and that it may be re-disclosed by the government only as authorized by law. I further understand that with the signing of this form I authorize additional background checks as may be needed by representatives of the Rock Island Arsenal for continuing access to the installation.

15. My information on this form is true, complete, and correct to the best of my knowledge.

a. SIGNATURE OF APPLICANT

b. DATE

16. RETURN THIS FORM BY EMAIL, FAX OR MAIL TO:

Directorate of Emergency Services
Visitor Control Center
ATTN: Building # 23 (IMRI-ESS-A)
Rock Island Arsenal
Rock Island, IL 61299

Fax: 309-782-0297
Phone: 309-782-5029
Email: usarmy.ria.imcom-central.mbx.usag-accessrequest@mail.mil

You may also bring this completed form in person with you to the Visitor Control Center.

******* APPLICANT DO NOT WRITE BELOW THIS LINE *******

FITNESS DETERMINATION OFFICER OFFICIAL USE ONLY

SECTION III

REVIEWING AUTHORITY

APPROVED DISAPPROVED REASON DISAPPROVED

APPROVING AUTHORITY

DATE

REMARKS

Print Form

Submit Via E-mail