

ROCK ISLAND ARSENAL ACCESS REQUEST FORM

DES COMPLETE

Visitors are Welcome to RIA

Date _____

Length _____

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 - PERSONAL INFORMATION

NAME (Last, First, Middle Name)

LAST FOUR OF SOCIAL SECURITY #

DATE OF BIRTH
(Month/Day/Year)

U.S. CITIZEN

Y N

PHONE:

RACE

SEX

PLACE OF BIRTH:

M F

HOME ADDRESS/NUMBER AND STREET:

CITY

STATE

ZIP CODE

SECTION II - PURPOSE OF VISIT

OFFICIAL/COMMERICAL BUSINESS:

- | | | |
|---|---|---|
| <input type="checkbox"/> FIRST ARMY | <input type="checkbox"/> CHRA/CPAC | <input type="checkbox"/> GARRISON |
| <input type="checkbox"/> ARMY CORPS OF ENGINEERS | <input type="checkbox"/> COMMISSARY/PX | <input type="checkbox"/> JMC |
| <input type="checkbox"/> ASC | <input type="checkbox"/> CONTRACTING | <input type="checkbox"/> JMTC |
| <input type="checkbox"/> New Hire | <input type="checkbox"/> CREDIT UNION | <input type="checkbox"/> RESERVE CENTER |
| <input type="checkbox"/> Rideshare (ie: uber, taxi) | <input type="checkbox"/> Family Housing | <input type="checkbox"/> FISHING |
| | <input type="checkbox"/> Delivery/Pick-up | <input type="checkbox"/> GYM |

RECREATIONAL VISIT:

- | | |
|--|--|
| <input type="checkbox"/> CEMETERY | <input type="checkbox"/> HISTORIC SITES |
| <input type="checkbox"/> COL Davenport House | <input type="checkbox"/> LOCK & DAM VISITOR CENTER |
| <input type="checkbox"/> Quarters 1 | <input type="checkbox"/> MUSEUM |
| | <input type="checkbox"/> MWR EVENT |
| | <input type="checkbox"/> Arsenal Attic |

OTHER

SECTION III (For Official/Commercial Business Only)

GOVERNMENT POINT CONTACT NAME: _____ PHONE: _____

COMPANY NAME: _____ PHONE: _____

SECTION IV PRIVACY ACT STATEMENT

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

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.

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

SIGNATURE OF APPLICANT

DATE

This form must be completed and submitted to the visitor control center via email: usarmy.ria.imcom.mbx-usag-access-request.mil from a (.mil) address or bring this in person with you.

Visitor Control Center
Building # 23
Rock Island Arsenal
Rock Island, IL 61299-5000

FAX: 309-782-5029
Phone: 309-782-1337
Email: usarmy.ria.imcom.mbx.usag-access-request@mail.mil

Bring this form in person with you.

Print Form