

# 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 # \_\_\_\_\_ U.S. CITIZEN  
DATE OF BIRTH (Month/Day/Year) \_\_\_\_\_ 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:

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

#### RECREATIONAL VISIT:

- CEMETERY
- COL Davenport House
- Quarters 1
- HISTORIC SITES
- LOCK & DAM VISITOR CENTER
- MUSEUM
- MWR EVENT
- 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](mailto: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](mailto:usarmy.ria.imcom.mbx.usag-access-request@mail.mil)

Bring this form in person with you.

Print Form