## **USAF Base Access Affidavit**

This data will be used to screen individuals who have or are seeking access to US Air Force installations or facilities controlled by the US Air Force. Please answer each question. Access will be denied if this questionnaire is incomplete or missing from the Contractor Access packet. This information will be used to generate state and federal criminal history records checks.

A. PERSONAL INFORMATION	
1. NAME (PRINT LAST, FIRST, MIDDLE):	2. EMAIL:
3. FULL MAIDEN NAME OR ALIAS:	4. SEX: 5. SSAN: 6. DATE OF BIRTH:
7. RACE: 8. HAIR COLOR:	_ 9. EYE COLOR: 10. HEIGHT: 11. WEIGHT:
12. DRIVERS LICENSE #: 13. STATE:	14. HOME AND CELL PHONE #:
15. CURRENT AND ON-ISLAND RESIDENCE ADDRESS:	
16. CITY: 17. STATE:	18. ZIP CODE: 19. PASSPORT#:
B. PLACE OF BIRTH:	
CITY: STATE:	COUNTRY:CITIZENSHIP:
C. CRIMINAL HISTORY (Check Appropriate YES/I	(NO Box)
Have you ever been barred from entry/access to any militar DateInstallation	
2. Are you wanted by federal or civilian law enforcement auth (i.e., has a judge issued an order for your arrest?)	horities, regardless of offense or violation? YES NO
3. Have you ever been convicted of a firearms or explosives v	violation? YES NO
4. Have you ever been incarcerated for 12 months or longer?	
5. Have you ever been convicted of espionage, sabotage, treas Armed assault or robbery, rape, child molestation, drug pos	
D. IMMIGRATION/WORKING STATUS (attach c	copies of all documentation)
Circle appropriate answer, and provide proper numbers.	
3. Do you have a VISA?	YES NO VISA #
A. What type of VISA?	Immigration VISA Non-Immigration VISA
B. What VISA Classification?	H2 W1 B1 Other
4. Do you have a Form I-551 (Resident Alien/Green Card)?	YES NO I-551 #
5. Do you have an I-94?	YES NO I-94 #
6. Do you have an Employment Authorization Document or WAC?	YES NO EAD/WAC #
7. Do you have other Immigration Documents? (If YES, list type of document and number)	YES NO Document & #
NOTE TO APPLICANT: ATTESTA	ATION
accordance with 50 U.S.C., Section 797, and DoDD 5200.8 federal la data will be used to screen personnel who have or are seeking access specimen of my fingerprints, if/when requested. I understand that by list of "disqualifying factors" above. I hereby give my consent and an next 12 months, to include comparing/checking my fingerprints again	estand the purpose for the background check. I understand the information on this form is being collected in aws permitting the installation commander to limit access to the installation for security reasons and that this to US Air Force installations. I have voluntarily completed this "Form" and shall provide the Air Force a signing this application, I acknowledge that I have been made aware of and have reviewed that Air Force's authorization for the Air Force to conduct any additional background screenings deemed necessary over the nst local, state, and federal criminal databases. The information I have provided on this application is true, provided in good faith. I understand that a knowing and willful false statement on this application can be
Applicant Signature:	Date:
Office Name:	Office Number:
Processing Officer:	