CONTRACTOR BASE ACCESS REQUEST FORM

For All Contractors Requiring Base Access
Form available at www.nas.nawcad.navy.mil
(* Designates Mandatory Fields)

I. Purpose of Visit *Description of the work or visit purpose, time frame and classification level.*

*Purpose of Visit: _____

_____

_____

*Start Date: _____ *End Date: _____ *(Not to exceed 1 year)*

*Will access to CLASSIFIED information be required?

Yes _____ No _____

If Yes, at which classification level? (Confidential, Secret, Top Secret)

_____

II. Point of Contact (POC) Data *Federal civil service/military, Contracting Officer's Representative (COR), host or delegated alternate of the contract/visit.*

Mr./Mrs./Ms: _____ *First Name: _____ Middle Initial:_____

*Last Name: _____

*POC Work Phone Number: _____ Ext.: _____

POC Work Fax Number:_____

*POC Work Email Address/Signature: _____

III. Requestor Data *The company/individual initiating this request. For example, a company's Facility Security Officer (FSO).*

*Is the Requestor the Facility Security Officer? Yes _____ No _____

*First Name: _____ Middle Initial: _____

*Last Name: _____

*Work Address: _____

*Work City: _____ *Work State: ____ *Work Zip: _____

*Work Country: _____

*Work Phone Number: _____ Ext.: _____

Work Fax Number: _____

Work Email Address: _____

IV. Company Data *Contact information for official business correspondence.*

*Company Name:_____ CAGE Code: _____

*Is Company Incorporated in US? Yes_____ No____ *Is Company Foreign Owned, Controlled or Influenced (FOCI)? Yes _____ No _____

*Company Address: _____

*Company City:_____ *Company State: _____

*Company Zip: _____ *Company Country: _____

*Company Phone Number: _____

Company Fax Number: _____

V. Contract Data *All visits over 30 days require a contract number. If working on more than one, submit a base access request for each contract supported.*

*Contract Number: _____

*Expiration Date: _____

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VI. Contractor/Visitor Data *Information concerning the contractor requesting base access.*

*Position Title: _____

*SSN: _____ *(or applicable Foreign National ID number)*

*Date of Birth: _____

Mr./Mrs./Ms.:_____ *First Name: _____

Middle Initial: _____ *Last Name: _____

Nickname: _____ Maiden Name: _____

*Birth City: _____ *Birth State: _____

*Birth Country: _____ *Citizenship: _____

Home Email Address: _____

Home Phone Number: _____

*Home Address:_____

*Home City: _____*Home State: ____

*Home Zip:____ *Country of Residence: _____

***Please indicate the contractor's working status at this installation.**

On-Site _____ *(Employed in a federal facility)*

Off-Site_____ *(Employed in a private facility)*

Visitor _____ *(At the installation in a visit capacity only, short term >30 days)*

Will Contractor/Visitor need a Picture (hard) badge? Yes _____ No _____

If contractor will be working ON-SITE aboard the complex or in a federally-leased facility, complete the following:

*Work Site Location : _____

*Primary Building Number: _____ Room Number: ____ Suite Number: _____

*Unit Identification Code (UIC #): _____

Phone #: _____ *(If unknown, enter phone number of POC who will be able to locate the contractor.)*

*Benefiting Site Location: _____ Competency Code _____

*Team Code Supported: (a) _____, (b) _____, (c) _____, (d) _____, (e) _____

*Essential Personnel Status: Key _____ Essential _____ Non-Essential _____ *(Must be verified by the government POC)*

*After hours access? Yes _____ No _____

If contractor will be supporting the installation at private contractor facility OFF-SITE, complete the following address information:

*Company Work Address: _____

*Company Work City: _____ *Company Work State: _____

*Company Work Zip: _____ *Company Work Country: _____

*Company Work Phone Number: _____

Company Work Fax Number: _____

Work Email Address: _____

If contractor is a VISITOR aboard the station, identify the primary building(s) to be visited:

*Location(s) to be Visited/Building Number(s): _____

_____

For form instructions and definitions, see next page.

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FORM INSTRUCTIONS

Section I. Purpose of Visit

Purpose of Visit: A description of the work or visit purpose. *For example: To support the F/A-18 E/F program.*

Start Date: Provide the estimated date that the contractor will report to work *(mm-dd-yyyy).*

End Date: Provide the date that the contractor's work/visit will expire. Work/visit maximum is 1 year.

Will access to CLASSIFIED information be required? Yes/ No **If Yes, at what classification level?** Indicate Confidential, Secret or Top Secret.

Section II. Point of Contact (POC) Data

The POC is the civil service or military government official sponsoring this visit.

Prefix: Mr. or Ms. **First Name/Middle Initial/Last Name:** Provide first name, middle initial and last name of the point of contact (POC).

Work Phone Number/Ext./Fax Number: Provide work phone and fax number of the POC and extension, if applicable.

Work Email Address/Signature: Provide the POC's work email address. If the POC does not have an email address or network access, this form should be signed by the POC and faxed or hand carried to the Pass Office.

Section III. Requestor Data

The company/individual initiating this request.

Is the requestor the Facility Security Officer (FSO)? Yes /No.

First Name/Middle Initial/Last Name: Provide first name, middle initial and last name of the requestor.

Work Address: Provide work mailing address of the requestor including street address, city, state, zip and country.

Work Phone Number/Ext./Fax Number: Provide work phone and fax number of the requestor and extension, if applicable.

Work Email Address: Provide the work email address of the requestor.

Section IV. Company Data

The company's official business identification for correspondence purposes.

Company Name: Provide the official company name. **CAGE Code:** Indicate the company's 5 digit Commercial & Government Entity (CAGE) code, if applicable. This code is used to identify a vendor by address or location for purposes of funds transfer, identification and correspondence, and is required for all contractor visit requests.

Is Company incorporated in the US? Yes/No. **Is Company Foreign Owned, Controlled or Influenced (FOCI)?** Yes/No

Company Address: Provide official company mailing address of the company, including street address, city, state, zip and country.

Company Phone/Fax Number: Provide company's main phone and fax numbers.

Section V. Contract Data

The official document outlining the requirements for base access. *All visits over 30 days require a contract number. If working on more than one contract, submit a base access request for each contract supported.*

Contract Number: Provide the 13-character contract number that the contractor/visitor will be working under or applicable agreement number.

For example: N0042196D0006.

Expiration Date: Provide the expiration date of the contract or delivery order *(mm-dd-yyyy).*

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Section VI. Contractor/Visitor Data

Information concerning the contractor requesting base access.

Position Title: *Example: Management Analyst*

SSN: Enter U.S. Social Security number or applicable passport, visa, alien registration or invitational travel order number.

Date of Birth: *(mm-dd-yyyy)*

Prefix: Mr. or Ms. **First Name/Middle Initial/Last Name:** Provide first name, middle initial and last name of the contractor.

Nickname: Provide a name the contractor uses other than official name.

Birth City/State/Country: Provide city, state and country of where the contractor was born.

Citizenship: List the country of citizenship. If foreign national, contact the contractor's on-site security team or Competency 7.4.1 at 301-757-2960.

Home Email Address: Provide a home email address, if applicable.

Home Phone Number: Provide a home telephone number.

Home Address/City/State/Zip: Provide a home mailing address including 5-digit address with street, route, etc., city, state and zip code.

On-Site: Check this line if the contractor will be provided a workstation/ working space aboard the complex or in a federally-leased facility.

Off-Site: Check this line if there is no workspace provided for the contractor on station.

Visitor: Check this line if the contractor is in a visit capacity and not on contract to provide services to this site.

Will the Contractor Need a Picture ID/Hard Badge?: Yes/No

ON-SITE

Building Number: Provide a valid **ON-SITE** building number. A validation of on-site buildings will be performed upon processing of request.

Room Number: Provide **ON-SITE** room number.

Work Site Location: List the physical location, such as Pax, Alameda, etc., where the contractor will actually be working.

Benefiting Site Location: Provide the site which is benefitting from the contractor's support, such as working at Jacksonville for Pax River.

UIC: Provide the 5-digit unit identification code. *Example: 00421.*

Phone #: Provide **ON-SITE** Phone Number where the contractor will be working. If not available, list the phone number of the government POC.

Competency Code: Provide the competency code the contractor will be assigned to.

Team Code Supported: If supporting a NAVAIR/NAWCAD/NAS organization, provide a valid six-character team code. Provide up to 5 team codes as applicable. At least one is required. *Example: I21300.* To find Team Code Listing, visit this site: ftp://otrs.navair.navy.mil/OTRS/TEAM%20CODES/.

Essential Personnel Status: Indicate whether this position is a designated key, essential or nonessential position. **Contact the government POC for designation.**

After hours access: Does the contractor's job require access to a government facility after normal working hours? Yes/No.

OFF-SITE

Work Address/City/State/Zip: Provide the contractor's work street address, city, state and zip code.

Work Country: Provide the contractor's work country.

Work Phone/Fax Number: Provide the contractor's work site phone and fax numbers.

Work Email Address: Provide the contractor's work email address.

VISITOR

Location(s) to be Visited/Building Number(s): Indicate the building(s) the contractor will require access to during visit. A validation of on-site buildings will be performed upon processing of request.

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