

# NAVAL SUPPORT ACTIVITY ANNAPOLIS VISITOR ACCESS SHEET



This form is for use by visitors requesting access to the USNA/NSAA Complex for periods of thirty (30) or more days.  
**TYPE or PRINT LEGIBLY** and ensure all blocks are completed prior to submittal.

## I. Applicant Information

<b>Name</b>	Last <input style="width: 90%;" type="text"/>	First <input style="width: 90%;" type="text"/>	MI <input style="width: 90%;" type="text"/>
<b>Address</b>	Street <input style="width: 98%;" type="text"/>		
	City <input style="width: 28%;" type="text"/>	County <input style="width: 32%;" type="text"/>	State <input style="width: 8%;" type="text"/> Zip Code <input style="width: 12%;" type="text"/>
<b>SSN</b>	* provide complete number <input style="width: 98%;" type="text"/>		
	Date of Birth (mm/dd/yyyy) <input style="width: 98%;" type="text"/>		
<b>Place of Birth</b> (City, State)	<input style="width: 98%;" type="text"/>		<b>Country of Citizenship</b> <input style="width: 98%;" type="text"/>
<b>Work Phone</b>	<input style="width: 20%;" type="text"/>	<b>Home Phone</b>	<input style="width: 20%;" type="text"/>
		<b>Cell Phone</b>	<input style="width: 20%;" type="text"/>
<b>Purpose of Request</b>	<input style="width: 98%;" type="text"/>		<b>Destination</b> (Bldg Name) <input style="width: 98%;" type="text"/>
<b>Sponsor Name</b>	<input style="width: 98%;" type="text"/>		<b>Sponsor Phone</b> <input style="width: 98%;" type="text"/>

\* If no SSN is assigned, indicate other identifying number such as USCIS immigrant visa or LPR number.

## Privacy Act Statement

**Authority:** 5 USC 301, Executive Order 9397.  
**Principal Purpose:** To apply for visitor access for periods of thirty (30) days or more.  
**Routine Uses:** To provide a means of identification for visitors requesting extended access to the USNA/NSAA complex. All information is retained within the NSAA Security Department and will be primarily used to verify individual identities and to locate individuals when necessary. It may on some occasions be released to other government or law enforcement agencies for official purposes only.  
**Disclosure:** Disclosure is voluntary, however failure to provide the requested information will result in being denied the intended services which could prevent admittance to the USNA/NSAA Complex, prevent admittance to designated secure areas, or be grounds for denial of privileges afforded to civilian employees or authorized persons.

\_\_\_\_\_  
*X Visitor Signature and Date*

\_\_\_\_\_  
*X Sponsor Signature and Date*

## II. Vehicle Information

*Applicant is required to list vehicles desired to be used for access to the installation.*

<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<b>VIN</b>	<input style="width: 20%;" type="text"/>	<b>Vehicle Tag #</b>	<b>State</b>
<input style="width: 25%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 20%;" type="text"/>
<b>Driver's License #</b>	<b>State</b>	<b>Insurance Company</b>	

List Other Vehicles as Applicable:  
(use continuation area on reverse of form if necessary)

**IMPORTANT** - See Section III on reverse of form for information pertaining to the Department of the Navy Vehicle Inspection and Maintenance Program.

