CCAFS TEMPORARY PASS REQUEST Visitor Control Center (VCC) PHONE: (321) 853-5261										
INSTRUCTIONS: Complete requested information accurately in <b>ALL CAPS, LARGE FONT</b> or <b>PRINT LEGIBLY</b> . Provide security clearance information and Security Manager's signature, <u>if applicable</u> . <b>Applicant must present two forms of identification as outlined in OMB Form I-9 (at least one photo ID required).</b>										
***NOTE: Requests must be submitted AT LEAST 48 hours (2 business days) prior to start date.***										
(Section 1) REQUESTOR: (Must have DD Form 577 on file)										
NAME: ORGANIZATION:										
SIGNATURE:			:			ONE: FAX:				
THIS IS TO CERTIFY: The below listed individual is an official visitor on Cape Canaveral Air Force Station a perform an official function. I have verified applicant information listed below.								requires entry to		
(Section 2) BADGE INFORMATION										
START DATE:	PINK		1	WHITE – Unescorted			GREEN – Es Foreig <del>n Ma</del> t			
END DATE:	(5	ection 3)		ICANT		N/				
(Section 3) APPLICANT INFORMATION COMPANY NAME/ADDRESS:										
NAME (Last, First, MI):										
DOB: (YYYY/MM/DD)							Citizenship/Country			
DL #: State :					Alien/Passport # (if non US):					
APPLICANT SIGNATURE & DATE										
signs and announcements on the Cape Aural Warning Zones system. This includes stopping your vehicle and of this safety waiting for security personnel to arrive when traffic lights on posted toxic hazard signs are activated red. Emergency warning by								receipt and understanding of this safety		
Satellite Processing & Integration Facility (SPIF); Defense Satellite Communication System Processing Facility (DPF); and the Solid Motor Assembly Building (SMAB). Dial 911 (853-0911 cell phone) to report any emergency.										
(Section 5) SECURITY MANAGER VALIDATE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION (If applicable)										
Applicant has current security clearance or favorable background check:										
DATE OF INVESTIGATION V (YYYYMMDD)	VERIFIED BY (Print name)				SECURITY MANAGER SIGNATURE			DAT	re (yyyymmdd)	
(Section 6) BADGING OFFICE ACTION										
NCIC Check Date:					NCIC Operator Initials:					
REMARKS: Purpose of visit???										
PROTECTED UNDER THE PRIVACY ACT OF 1974 Requested personal information is needed to assist security personnel in determining suitability for entry to Cape Canaveral AFS per AFI 10-245, AFSPC SUP 1, para 2.17.3.1, FIPS201, HSPD12 and DTM 09-12. The information provided will be used to conduct background checks of persons whose work is performed under appropriated and non-appropriated fund contracts and also non-federal tenant organizations/private institutions and their employees and their contractors (such as bank, AAFES vendors and contractors for NAF, Corp of Engineers and GSA). Disclosure of requested information is mandatory – Failure to provide information will result in denial of access to CCAFS. FOR OFFICIAL USE ONLY										