



FORT DETRICK REQUEST FOR VISITOR'S PASS



COMPLETED BY APPLICANT

Name (Last, First, MI)		Phone #	
Date of Birth		SSN	
Place of Birth (State County City)		Are you a US Citizen	
Country of Citizenship		Foreign National	

Do any of the following conditions apply to you

(Check all that apply)

Currently barred from gaining access to any federal installation or facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current arrest warrant in any jurisdiction regardless of extradition status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history that presents a threat to the good order, discipline, or health and safety of Fort Detrick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conviction of crimes encompassing sexual assault, armed robbery, rape, child molestation, production or possession of child pornography, trafficking in humans, or drug possession with intent to sell or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conviction of espionage, sabotage, sedition, treason, terrorism, or murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being registered as a sex offender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felony conviction within the last 10 years regardless of the offense or violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felony conviction for a firearms or explosives violation regardless of when the conviction occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged in acts or activities designed to overthrow the U.S. Government by force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR VISIT (Check all that apply)

Job Interview	<input type="checkbox"/>	New Fort Detrick Employee	<input type="checkbox"/>
Family Care Provider	<input type="checkbox"/>	Fort Detrick Homes Resident	<input type="checkbox"/>
VA Appointment	<input type="checkbox"/>	Child Development Center, Child Youth Service	<input type="checkbox"/>
Visiting/ Accompanying a Fort Detrick Employee or Family Member or Service Member			<input type="checkbox"/>
To Provide Taxi Service Including Rideshare, Uber, or Lyft and Similar Services			<input type="checkbox"/>
Food Delivery Including Grub Hub, Uber Eats, or Door Dash and Similar Service			<input type="checkbox"/>
Other (List Reason)		Building Numbers	
Unit/Tenant/Organization/POC Name		Number of Days of Visit	

1) I understand that I must give Fort Detrick Directorate of Emergency Services (DES) consent to an initial and periodic background screenings prior to and after issuance of a Fort Detrick access pass. Failure to consent will terminate the application process. I further understand that these background screenings will determine my eligibility for access

2) I understand that my access may be revoked at any time for any reason without notice

3) I understand that I must properly care for my pass and immediately report any theft or loss to Fort Detrick DES

4) I affirm that all provided information above is true and accurate

5) I understand that any vehicle or person on the installation is subject to searches and inspections

6) I understand that if I fraudulently misrepresent information to gain access to the installation it may lead to criminal charges

Signature _____ Date _____

COMPLETED BY VCC

Issue Date		Approved	<input type="checkbox"/>	<input type="checkbox"/>	Denied	<input type="checkbox"/>	<input type="checkbox"/>	Convictions	
FBI or State ID #		NCIC Check	<input type="checkbox"/>	<input type="checkbox"/>	AIE-3 Check	<input type="checkbox"/>	<input type="checkbox"/>		
NCIC Check Results									
U.S. Visitor	<input type="checkbox"/>	Foreign Visitor	<input type="checkbox"/>	Family	<input type="checkbox"/>	CTR	<input type="checkbox"/>	VHIC	<input type="checkbox"/>