



LOCAL ACCESS CREDENTIAL (LAC) APPLICATION
DIRECTORATE OF EMERGENCY SERVICES (DES)
FORT LEAVENWORTH, KS
(Please Print Legibly)

REC'D	
NOTIFIED	
ISSUED	

LAC ELLIGIBILITY: This application must be endorsed by an individual approved as a sponsor for Fort Leavenworth. The applicant must demonstrate the need for a valid, recurring need to access Fort Leavenworth. For the purposes of this document, recurring is defined as at least 1 day per week. LACs will not be issued for a duration less than 90 days. **THE ORIGINAL OF THIS COMPLETED FORM MUST BE SUBMITTED BY THE SPONSOR.**

NOTE: All fields must be filled in completely. The sponsor will be notified when the application has been approved. The applicant will have 30 days after notification to receive the ID. **After 30 days the process must be restarted.**

APPLICANT INFORMATION										(Completed by Applicant)
LAST NAME				FIRST NAME				MIDDLE		
Date of Birth (DD/MM/YYYY)				SS #				DL #		
ADDRESS				CITY				STATE		
PLACE OF BIRTH								GENDER		
EMPLOYER				PHONE				EMAIL		

CRIMINAL HISTORY		(Completed by Applicant)
Have you ever been ARRESTED, CONVICTED, sent through DIVERSION, etc for any offense other than parking/moving violations? YES NO	If yes, please explain: <hr/> <hr/> <hr/>	

PURPOSE INFORMATION				(Completed by Sponsor)
TYPE OF ACCESS <small>(you may select more than one)</small>	DUTY DAY (M-F 0500 -1800)	WEEKENDS (S-S 0500-1800)	FULL ACCESS (24/7)	
PURPOSE	DESTINATION/ CONTRACT #			
VISIT DURATION	FROM ___/___/___ TO ___/___/___	CONTRACT EXPIRATION DATE	___/___/___	

SPONSOR INFORMATION					(Completed by Sponsor)
LAST NAME			FIRST NAME		
CAC ID #	EXPIRATION	___/___/___	EMAIL		
ORGANIZATION / UNIT					

SPONSOR CERTIFICATION: I certify that the applicant meets the justification requirements above for access privileges. Furthermore, I certify that the applicant requires an access control credential as indicated above in order to visit, perform assigned duties or conduct official business on Fort Leavenworth.

Sponsor Signature / Date
(Invalid if incomplete)

Printed Name and Telephone Number
(Invalid if incomplete)

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

AUTHORITY: 10 U.S.C. Section 3012

PRINCIPLE PURPOSE(S): To provide the name, SSN, home address and telephone number to Fort Leavenworth security personnel who have the need to know in the performance of their official duties.

ROUTINE USES: To Federal, State, and local activities for use in security background checks.

DISCLOSURE: Mandatory. If not provided, the individual would not be approved for a LAC or pass.

FOR OFFICE USE ONLY					
NCIC-III (Y/N)	WANTS/WARRANTS (Y/N)	KANSAS HOT FILES (Y/N)	BAR LIST (Y/N)		
NOTES:				OPERATOR INITIALS	
APPROVED _____			DISAPPROVED _____		
_____ Issuing Official Printed Name			_____ Issuing Official Signature / Date		