



**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/YY)				SS #				DL #			
ADDRESS				CITY				STATE			
PLACE OF BIRTH									GENDER		
EMPLOYER				PHONE				EMAIL			

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

PURPOSE INFORMATION				(Completed by Sponsor)
TYPE OF ACCESS (you may select more than one)	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		