



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

REC'D	
NOTIFIED	
ISSUED	

LAC ELIGIBILITY: 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 #			DL State	
ADDRESS					CITY				STATE		ZIP	
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: _____ _____	

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			MIDDLE		
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		