

## REQUEST FOR NCIC (BACKGROUND) CHECK

Top portion to be completed by Employee and POC

FULL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

AKA: \_\_\_\_\_

DL# & STATE OF ISSUE: \_\_\_\_\_

STATES RESIDED IN THE LAST 7 YEARS: \_\_\_\_\_

NAME & TITLE OF POC: Rose Ann Turner, Cheif, Operations Division

CONTRACTOR ORGANIZATION & TEL#: DFMWR, (803) 751-4205

### PHYSICAL SECURITY SECTION

SIGNATURE OF REQUESTOR: 

REASON FOR REQUEST: To maintain positive control of contractors within the installation.

Notice: Authority under Title 44 U.S. Code. The information contained on this request is intended for the sole purpose of the requester to ensure contractors are in compliance with Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control. Information is mandatory to enable the issue of a FT Jackson Contractor's Badge and will be secured until no longer needed at which time it will destroyed in accordance with policy and directives.