

MCAS Iwakuni DBIDS Credential Request

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE: Voluntary. Information is used to positively identify the individual making the statement and to check past criminal activity records. Failure to disclose any information may result in delay of processing.

PERSONNEL TYPE (CHECK ONE)

- ☐ JMSDF Permanent Party Personnel
☐ JMSDF Dependent OR JMSDF Retired
☐ MLC/IHA
☐ MLC/IHA Dependent OR MLC/IHA Retired
☐ U.S. Contractor
☐ JN Contractor
☐ TCN Contractor
☐ DTCN Contractor (Signed Appendix G)
☐ Other (JGSDF, JASDF, U.S. Government Official, Authorized Insurance Agents, OR _____)

Applicant Name (LAST, First M) (申請者名): _____

Table with 4 columns: COMMAND (BRANCH/UNIT/COMPANY) OR ORGANIZATION/DIVISION/CONTRACT OF MCAS IWAKUNI, SPONSORING AGENCY POC TELEPHONE, SPONSORING AGENCY POC EMAIL, CONTRACT NUMBER (CTR ONLY), CONTRACT WORK SITE LOCATION (CTR ONLY), CONTRACT START (DD/MMM/YYYY), CONTRACT END (DD/MMM/YYYY)

Sponsoring Agency Contract Manager/Supervisor (for MLC/IHA Retirees, CHRO) :

Sponsoring Agency (契約元機関名) _____

Supervisor Print (監督者名) _____

Signature of Supervisor (署名) _____

Date (日付) _____

Department Head (for MLC/IHA Retirees, Director of CHRO or Designee):

Department Head Print (部門・部隊長名) _____

Signature of Department Head (署名) _____

Date (日付) _____

*Personnel Authorized by Appendix M

Provost Marshal or Designee:

Approved / Disapproved

Provost Marshal/Designee Print _____

Signature _____

Date (日付) _____

