

MCAS IWAKUNI INSTALLATION 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 AND REQUIRED ENCLOSURES

- JMSDF Permanent Party Personnel (Orders, Color Copy of MOD ID)
- JMSDF Dependent (Permanent Party Sponsor's Orders, Color Copy of MOD Dependent ID)
- MLC/IHA (JN Driver's License **OR** JN Passport, Resident Card)
- MLC/IHA Dependent (Color Copy of Sponsor's DBIDS Card)
- U.S. Contractor (SPOT LOA, U.S. Passport)
- JN Contractor (JN Driver's License **OR** JN Passport, Resident Card)
- DTCN Contractor (Signed Appendix H)
- Other (JGSDF, JASDF, U.S. Government Official, Authorized Insurance Agents, etc)

COMMAND (BRANCH/UNIT/COMPANY) OR CIVILIAN EMPLOYER OR ORGANIZATION/DIVISION/CONTRACT		SPONSORING AGENCY POC TELEPHONE		SPONSORING AGENCY POC EMAIL	
CONTRACT NUMBER (CTR ONLY)	CONTRACT WORK SITE LOCATION (CTR ONLY)	CONTRACT START (CTR ONLY) (DD/MMM/YYYY)		CONTRACT END (CTR ONLY) (DD/MMM/YYYY)	
DAYS OF WORK	HOURS OF WORK	FLIGHT LINE ACCESS? Y/N		PORT ACCESS? Y/N	
		YES	NO	YES	NO

Sponsoring Agency Contract Manager/Supervisor:

Sponsoring Agency

Sponsor Phone Number/Email

Signature of Supervisor

Supervisor Print & Date (DD/MMM/YYYY)

Department Head:

Signature of Department Head

Department Head Print & Date (DD/MMM/YYYY)

Provost Marshal or Designee:

Approved / Disapproved

Signature of Provost Marshal/Designee

Provost Marshal/Designee Print & Date

For Official Use Only - Privacy Sensitive: Any misuse or unauthorized disclosure may result in both civil and criminal penalties

