

Sioux City ANGB Access Request Letter
(For Non-DoD ID Cardholders Only)

Sponsor Name: _____

Bldg(s) /Area Requesting: _____

Requested Date (s) / Installation Access: _____ to _____

In preparation to grant un- escorted access to individuals on Sioux City ANGB, you will need to provide the information below. This information is required to conduct a criminal history check which must be favorable for installation access. Procedure:

1. Sponsor must list everyone who may need access to the installation, to include anyone under the age of 18. Visitors under the age of 18 may enter the installation when escorted by an adult who has been granted access.
2. Criminal History checks are considered favorable if they do not contain any of the following disqualifiers:
 - a. U.S. citizenship or immigration status cannot be confirmed.
 - b. Barred from entry/access to any military installation or facility.
 - c. Wanted by federal or civil law enforcement authorities, regardless of offense or violation.
 - d. Conviction of firearms or explosives violation within the past three years.
 - e. Incarcerated for 12 months or longer within the past three years, regardless of the offense or violation.
 - f. Conviction of espionage, sabotage, treason or terrorism, murder, sexual assault, armed assault/robbery, rape, child molestation, drug possession with the intent to sell, or drug distribution.
 - g. Name appears on any federal agency's "watch list" or "hit list" for criminal behavior or terrorist activity.

	Last Name, First Name, MI	Driver's License # or State Issued ID #	State	Company	Date of Birth	SSN #
1						
2						
3						
4						
5						
6						
7						
8						
9						

	Last Name, First Name, MI	Driver's License # or State Issued ID #	State	Company	Date of Birth	SSN #
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4. I understand it is my responsibility to advise my visitors that anyone over the age of 18 must have a state issued ID.
5. I understand that anyone driving on the installation will be required to provide a valid, state issued driver's license, valid vehicle registration, and valid proof of insurance.

Sponsor's Signature

Date

===== **FOR SECURITY FORCES PERSONNEL ONLY (BELOW)** =====

Blocks ____ through ____
Vetted By: _____
Date: _____

Blocks ____ through ____
Added to EAL By: _____
Date: _____

Blocks ____ through ____
Vetted By: _____
Date: _____

Blocks ____ through ____
Added to EAL By: _____
Date: _____

Blocks ____ through ____
Vetted By: _____
Date: _____

Blocks ____ through ____
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Date: _____