

# ROCK ISLAND ARSENAL ACCESS CONTROL RECORD CHECK

## Visitors are Welcome to RIA

Purpose: The United States Army requires a criminal records check be conducted on all visitors not affiliated with the Department of Defense or US Government.

### SECTION I

NAME (Last, First, Middle Name)		LAST FOUR OF SOCIAL SECURITY #	
<input type="text"/>		<input type="text"/>	
E-MAIL		DATE OF BIRTH (DAY/MONTH/YEAR)	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	
OTHER NAMES USED (No nicknames)	RACE	SEX	U.S. CITIZEN
<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PHONE: <input type="text"/>	PLACE OF BIRTH: <input type="text"/>		
HOME ADDRESS/NUMBER AND STREET:	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PURPOSE OF VISIT

#### LOCATION:

- ☐ FIRST ARMY  
☐ ARDEC  
☐ ARMY CORPS OF ENGINEERS  
☐ ARMY SUSTAINMENT COMMAND  
☐ OTHER

#### OFFICIAL BUSINESS:

- ☐ CHRA/CPAC  
☐ COMMISSARY/PX  
☐ CONTRACTING  
☐ CREDIT UNION  
☐ ECBC  
☐ GARRISON  
☐ JOINT MUNITIONS COMMAND  
☐ JMTC  
☐ RESERVE CENTER

#### RECREATIONAL VISIT:

- ☐ CEMETERY  
☐ DINING CLUB HOUSE  
☐ FISHING  
☐ GOLF  
☐ GYM  
☐ HISTORIC SITES  
☐ LOCK & DAM VISITOR CENTER  
☐ MUSEUM  
☐ MWR EVENT  
☐ OTHER

PURPOSE OF VISIT:

GOVERNMENT POINT OF CONTACT (For Official Business Visits Only)

NAME:  PHONE:

LENGTH OF VISIT DATE:  TO:

FREQUENCY OF VISIT: ☐ ONE TIME ☐ DAILY ☐ WEEKLY ☐ MONTHLY

OTHER:

**SECTION II**

I HEREBY CONSENT TO THE RELEASE OF MY CRIMINAL HISTORY RECORDS.

**PRIVACY ACT STATEMENT**

I **Authorize** a representative of the Rock Island Arsenal, Directorate of Emergency Services to conduct my background check, to obtain any information relating to my criminal history record. I authorize the Rock Island Arsenal Police Department, conducting my investigation to disclose the record of my background investigation to the official responsible for making a determination of suitability or eligibility for access to Rock Island Arsenal. I understand that the information released by records custodians and sources of information is for OFFICIAL USE ONLY by the Rock Island Arsenal for the purposes stated and that it may be re-disclosed by the government only as authorized by law. I further understand that with the signing of this form I authorize additional background checks as may be needed by representatives of the Rock Island Arsenal for continuing access to the installation.

15. My information on this form is true, complete, and correct to the best of my knowledge.

a. SIGNATURE OF APPLICANT

b. DATE

16. RETURN THIS FORM BY EMAIL, FAX OR MAIL TO:

Directorate of Emergency Services  
Visitor Control Center  
ATTN: Building # 23 (IMRI-ESS-A)  
Rock Island Arsenal  
Rock Island, IL 61299

Fax: 309-782-5029  
Phone: 309-782-0551  
Email: usarmy.ria.imcom.mbx.usag-access-request@mail.mil

You may also bring this completed form in person with you to the Visitor Control Center.

**\*\*\*\*\* APPLICANT DO NOT WRITE BELOW THIS LINE \*\*\*\*\*****FITNESS DETERMINATION OFFICER OFFICIAL USE ONLY****SECTION III****REVIEWING AUTHORITY**☐ APPROVED ☐ DISAPPROVED REASON DISAPPROVED**APPROVING AUTHORITY**

DATE

**REMARKS**

Print Form

Submit Via E-mail