

## REQUEST FOR NCIC (BACK GROUND) CHECK

TOP PORTION TO BE COMPLETED BY REQUESTOR AND POC

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

Print clearly

FULL SSN \_\_\_\_\_ GENDER: Circle one M / F

DATE OF BIRTH (mmddyy) \_\_\_\_\_ AGE \_\_\_\_\_

AKA \_\_\_\_\_

DRIVERS LICENSE STATE OF ISSUE \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_

STATES RESIDED IN THE PAST 7 YEARS \_\_\_\_\_

NAME AND TITLE OF SPONSOR AND/OR POC ROBERT W. DINGLE, LTC (Ret)

CONTACT NUMBER OF SPONSOR AND/OR POC 803-299-4238

CONTRACTOR/UNIT/ ORGANIZATION ADDRESS SC STATE GUARD, 551 Granby Lane, Columbia SC 29201

### PHYSICAL SECURITY SECTION (DO NOT SIGN BELOW THIS LINE)

SIGNATURE OF REQUESTOR: 

REASON FOR REQUEST: To maintain positive control of contractors, visitors and guests 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 requestor to ensure contractors, visitors and guests 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 Fort Jackson DIBIDS card or Pass and will be secure until no longer needed at which time it will be destroyed in accordance with policy and directives.