

# DMA/WING Facility Access Request

**FOR OFFICIAL USE ONLY (FOUO)** This document contains information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution is prohibited without the approval of the consent of the originator's office. **ALL FIELDS ARE REQUIRED.** Failure to satisfactorily complete this form may result in delay or denial of access to this facility.

[illegible]

**TO BE FILLED BY WING/DMA EMPLOYEE**

|                                       |  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------|--|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Point of Contact<br>(First, MI, Last) |  | POC<br>Extension | <p align="center"><b><u>REQUIREMENTS</u></b></p> <p>All personnel including visitors to this facility must present a valid form of government issued ID upon request. All visitor access requests <b><u>must be submitted at least 72 hours prior to requested time of access.</u></b> Unescorted access to will be granted only to individuals on this list that pass a suitability screening conducted by PMO/VCO, possess a valid DoD ID card or Single Source ID. Examples of these are limited to Common Access Card (CAC), SSID/WICAM or DoD affiliated ID. WING/DMA employees are only able to escort 10 visitors at one time. Failure to meet the above requirements may result in denial of access to the facility.</p> |
| Point of Contact<br>Organization      |  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Secondary Point of<br>Contact         |  | Secondary<br>POC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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