



DEPARTMENT OF THE ARMY  
U.S. ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, U.S. ARMY GARRISON, CARLISLE BARRACKS  
22 ASHBURN DRIVE  
CARLISLE, PENNSYLVANIA 17013-5000

REPLY TO  
ATTENTION OF:

Office of the Garrison Commander

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_:

On \_\_\_\_\_, you were denied access to the Carlisle Barracks installation based on the results of a background check using, among others, the National Crime Information Center-Interstate Information Index (NCIC-III). The background check results contain credible derogatory information, and accordingly, it has been determined that you are not eligible for access to the Carlisle Barracks installation.

You may request a waiver of this installation access denial by submitting a request using the following process:

- a. Complete an Installation Access Control Denial Waiver request (attached) and provide the packet to your government sponsor, who will be responsible for submitting the waiver application to the Senior Commander or designee. All sections must be completed, and you must attach a copy of your photo identification (state driver's license).
- b. Your Government sponsor will review your packet for completeness and determine whether to endorse your request for a waiver.
- c. If your Government sponsor decides to endorse the waiver, he or she must provide a letter of recommendation addressing the derogatory information and why the information should not prohibit your unescorted access to the installation. Your Government sponsor will submit your waiver application and his or her letter of recommendation to the Senior Commander or designee.
- d. The Senior Commander or designee will render a determination that ensures proper protection of good order, discipline, health and safety on the installation. The Senior Commander or designee will provide you with a copy of the determination.

If you have had a waiver request denied, you may request reconsideration from the Senior Commander one year after the date the waiver request was denied. You may request reconsideration earlier than one year if you can present significant information that was not reasonably available at the time of the original waiver request, or if you can show that the basis for the original denial was overturned, rescinded or expired.

Sincerely,

Greg Ank  
Lieutenant Colonel, U.S. Army  
Garrison Commander

## ACCESS CONTROL DENIAL WAIVER APPLICATION

**WARNING: ANY MISREPRESENTATION OR OMISSION OF INFORMATION MAY RESULT IN DENIAL OF THE REQUEST**

<b><u>REQUEST FORM</u></b>			
Please type or print neatly; Attach additional sheets if necessary			
1. Name ( <i>First/Middle/Last</i> )			
2. Current Address ( <i>Number and Street, City, State, and ZIP Code</i> )			
3. Email address:  Do you want the decision emailed back to you rather than mailed to you? ___ Yes ___ No			
4. Current Telephone Number  Home ( ) _____ - _____      Work ( ) _____ - _____			
5. Reason for requesting access to Carlisle Barracks?			
6. What job has Carlisle Barracks offered you?			
7. Does your job require you to have a clearance?			
8. List Your <b>ENTIRE</b> Criminal History ( <i>except traffic and other non-criminal infractions</i> ) as follows:			
CRIME FOR WHICH YOU WERE ARRESTED	CRIME FOR WHICH YOU WERE CONVICTED (OR INDICATE IF DISMISSED OR NULL PROS.)	NAME & ADDRESS OF COURT OR AGENCY	DISPOSITION ( <i>INCLUDE SENTENCE AND CONVICTION DATE</i> )

9. Attach a copy of all court documents, certified by the Clerk of Court, from all your convictions. Also, attach a certified copy of your complete criminal history, to include all arrests and convictions.

10. In your own words, explain the facts of each felony, and why you should be able to come on post. Attach additional sheets if necessary.


11. Explain any circumstances that lessen the seriousness of the felony conviction(s) and show that you have been rehabilitated. Attach additional sheets if necessary.


12. Have you been denied access by any other federal organization? (please circle) Yes No

If yes, indicate the reason for the denial.


13. List all references that you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship:


VERIFICATION

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Under the penalty of perjury, the undersigned has examined this request for review and to the best of my knowledge and belief, it is true, complete, and correct.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your printed name

\_\_\_\_\_  
Date (Month, Day, Year)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, Written Signature