



DEPARTMENT OF THE ARMY
UNITED STATES ARMY INSTALLATION MANAGEMENT AGENCY
PICATINNY ARSENAL, NEW JERSEY 07806-5000

**Notification and Authorization to Release Criminal
Information for Entry**

Notification

For the purpose of accessing Picatinny Arsenal I am required to consent to a criminal background check as a condition of being granted access. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided. If I decline to submit to a Criminal background check I understand that I will be denied access to Picatinny Arsenal.

Authorization

I hereby authorize Picatinny Arsenal to conduct the criminal background check described above.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to entrance to Picatinny Arsenal. Such information will be used to determine whether the results of the background check reasonably bear on my ability to enter in a manner which is safe for Picatinny Arsenal visitors, employees, and other community members.

Please print LEGIBLY (for identification purposes):

Full Legal Name: _____
First Middle Last

Date of Birth: _____ Race: _____ Gender: Female _____ Male _____
Month/Day/Year

Place of Birth _____ Social Security Number: _____

Driver's License # _____ State of Driver's License _____

Have you ever been arrested for a criminal *offense or have any pending criminal* charges against you?

Yes _____ (provide detail on the back of page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for entrance and/or may serve as grounds for denial of entry to Picatinny Arsenal. By signing below I hereby provide my authorization to Picatinny Arsenal to conduct a criminal background check. In addition, I understand that I have a right to appeal an adverse decision made by Picatinny Arsenal based on my background check information.

Signature

Date

Individual is cleared for entry to Picatinny Arsenal

Yes: _____ No: _____