To save a copy, use the Submit by Email button and send a copy to your email address.

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The information provided herein, on the "Access Request" form 7030, is for the sole purpose of creating your identity in a NASA data base for issuance of a NASA credential. This Form is immediately disposed of in a "sensitive waste" container once your identity is created.

JPL

ACCESS REQUEST

1. Risk Level Assigned _____

NATIONAL CRIME INFORMATION CENTER (NCIC) BACKGROUND INQUIRY

A National Crime Information Center (NCIC) background inquiry with fingerprints is used to establish that individuals are eligible for accessing NASA facilities, systems and receive a One NASA Badge. Use the form to begin the NCIC background inquiry process. Agreeing to an NCIC background inquiry is voluntary. However failure to provide the information may result in denying you access to NASA facilities and systems.

A One NASA Badge will be provided 3 days after submission of your NCIC inquiry unless there are unfavorable results. During the process, you will receive a JPL Temporary Pass that will grant you unescorted access on lab. Until Personnel Security is informed that your NCIC results are positive your One NASA Badge will only be programmed for general lab access. If you require access through a MEI facility you must contact your direct supervisor. If Personnel Security is subsequently notified by NASA that your NCIC results are negative, the One NASA badge previously provided to you will be revoked and your lab access terminated.

2. REQUEST TYPE: ☐ BADGE ☐ REMOTE*

☐ NEW HIRE ☐ ONE NASA
☐ AFFILIATE ☐ PIV II
☐ RENEWAL/ REHIRE ☐ CONVERSION

3. SPECIAL TYPE:

☐ EMERGENCY RESPONSE
☐ SAFETY ☐ RETIREE
☐ SECURITY

4. EMPLOYEE NO.

5. TO BE COMPLETED BY EMPLOYEE, AFFILIATE OR SUBCONTRACTOR

LEGAL NAME (LAST, FIRST, M.I.)	PRIMARY TELEPHONE

HOME ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.	DATE OF BIRTH

PLACE OF BIRTH (City & State)	GENDER	ETHNICITY	LIST ALL COUNTRIES OF CITIZENSHIP	ALIEN REGISTRATION NO. OR VISA TYPE (if applicable)
	☐ FEMALE ☐ MALE	☐ CAUCASIAN ☐ BLACK ☐ LATINO ☐ ASIAN ☐ OTHER		

NATURALIZATION NO. (if applicable)	PLACE/DATE OF NATURALIZATION (if applicable)

6. TO BE COMPLETED BY HUMAN RESOURCES OR HOST SPONSOR

COMPANY NAME	CONTRACT NO. (if applicable)

ORG. NO.	BADGE EXPIRATION DATE (if applicable)	REQUESTER NAME (if applicable)

POSITION TITLE (See Offer Letter)

*All Foreign National's/Legal Permanent Residents (FN/LPR) seeking remote access must complete the following access request form in lieu of the NAC check request form in order to gain remote access.
Please indicate above in the remote access check box and submit to the Center International Visitor Coordinator for processing. This will still require an electronic copy of Passport or Green card sent to the Center International Visit Coordinator for validation and submittal of an E2190.

OFFICE OF PROTECTIVE SERVICES USE ONLY

BADGE ELIGIBLE ☐ YES ☐ NO

OPS Authorizer: _____

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ACCESS REQUEST
Office of Protective Services

INSTRUCTIONS: ***The Biographic, employer and physical access portion of the enrollment request form must be completed before a badge will be issued.***

1. "Risk Level Assigned" (high, medium or low) to be determined by Human Resources and/or section manager.

2. Check the Appropriate Request type.

3. Check Appropriate box as Applicable

4. Provide Employee Number

5. To be completed by Employee, Affiliate or Subcontractor

   - Legal Name (Last, First, M.I.)
   - Primary Telephone No.
   - Home address, City, State and Zip Code
   - Social Security No.
   - Date of Birth
   - Place of Birth (City & State)
   - Gender Check the Appropriate box
   - List all Countries of Citizenship
   - Alien Registration No. or Visa type (If applicable)
   - Naturalization No. (If applicable)
   - Place/Date of Naturalization (If applicable)

6. To be completed by Human Resources or Host Sponsor

   - Company Name
   - Contract No. (If applicable)
   - Org. No.
   - Badge Expiration Date (If applicable)
   - Requester Name (If applicable)
   - Position Title (See Offer Letter)