



REPLY TO

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

Directorate Emergency Services

8 April 2019

Dear Visitor:

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. 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 thru the Directorate Emergency Services (DES) and Command Judge Advocate (CJA) for the Garrison Commander.
- d. The Garrison Commander will render a determination that ensures proper protection of good order, discipline, health and safety on the installation. The Garrison Commander will provide you with a copy of the determination.

If you had a waiver request denied, you may request reconsideration one year from the date the 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at the time of the original waiver request, or if you can show that the basis for the original denial was overturned, rescinded or expired.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,

A handwritten signature in blue ink, appearing to read "Robert V. Suskie, Jr.", is written over the typed name and title.

Robert V. Suskie, Jr.
Director Emergency Services

Denial Waiver Application

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

| <u>REQUEST FORM</u> | | | |
|---|--|-----------------------------------|--|
| Please type or print neatly; Attach additional sheets if necessary | | | |
| 1. Name (First/Middle/Last) | | | |
| 2. Current Address (Number and Street, City, State, and ZIP Code) | | | |
| 3. Email address: | | | |
| Do you want the decision emailed back or mailed to you? _____ Yes | | | |
| 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 security clearance? | | | |
| 8. List Your ENTIRE Criminal History (except traffic and other infractions) as follows: | | | |
| CRIME FOR WHICH YOU WERE ARRESTED | CRIME FOR WHICH YOU WERE CONVICTED (OR INDICATE IF DISMISSED OR Nolle Prosequi.) | NAME & ADDRESS OF COURT OR AGENCY | DISPOSITION (INCLUDE SENTENCE AND CONVICTION DATE) |
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| 9. Attach a copy of all court documents, certified by the Clerk of the Court, from all of your conviction(s). |
| 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. |
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| 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. |
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| 12. Have you been denied access by any other Federal Organization? <i>(please circle)</i> |
| a. Yes No |
| b. If yes, indicate the reason for the denial. |
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| 13. List all references you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship: |
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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.

Signature

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