

Please fill out areas marked with an "X". Thanks.

PERSONAL DATA QUESTIONNAIRE - (See AR 380-67 for use of this form; proponent is SIOAN-I.H)

CONTACTOR COMPANY NAME (Prime) DRMS (Defense & Reutilization Mktg Sv					WORK PHONE 248 643 0076	
SUBCONTRACTOR NAME Linda Weston Personnel, Inc			CONTRACTOR NUMBER SP441007D1009-0024		CONTRACT EXPIRES 08/2011	
INDIVIDUAL'S NAME (First name, Middle name, Last name)*****NO INITIALS*****					SSN X	
OTHER NAMES USED (INCLUDE FORMER MARRIED NAMES)					TYPE BADGE/AREA- DRMO-ANNISTON	
X DATE OF BIRTH		X PLACE OF BIRTH		CITIZENSHIP		
MONTH	DAY	YEAR	CITY	COUNTY	STATE	X
*** NOTE *** IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, YOU MUST FURNISH PROOF OF U.S. CITIZENSHIP UPON SUBMISSION OF THIS FORM TO THIS INSTALLATION. PROOF OF U.S. CITIZENSHIP MUST BE SUBMITTED IN PERSON BY THE INDIVIDUAL, ALONG WITH THIS FORM, TO THE OPERATIONS OFFICE, SECURITY MANAGEMENT DIVISION, DLES, LOCATED IN ROOM 10. BUILDING 53.						
X PHYSICAL DESCRIPTION		HAIR COLOR	EYE CLOLR	HEIGHT	WEIGHT	SEX RACE
DRIVERS LICENSE NO.		STATE OF ISSUE		STATE IDENTIFICATION NO.		STATE OF ISSUE
X		X		X		X
ADDRESSES FOR THE PAST FIVE(5) YEARS, INCLUDING PRESENT ADDRESS: (STREET, CITY COUNTY, STATE)						
1			4			
2			5			
3			6			
AUTHORITY: Internal Security Act of 1950 (50 USSC 797); Executive Order 9397. PRINCIPAL PURPOSE: To document information necessary for selection, assignment or ermination for persons desiring entry to all, or parts, of Anniston Army Depot or other military installations. ROUTINE USES: The information provided will be furnished to the Directorate of Law Enforcement and Security at Anniston Army Depot; to officials within the Department of Defense who have a need for it to perform official business;and to Federal, State, or local agencies that maintain civil, criminal, or law enforcement information. NATURE OF DISCLOSURE: Disclosure of the requested information is voluntary. Failure to provide the ifnoramtion, however, may result in being denied unescorted access to the installation.						
LEGAL SIGNATURE OF INDIVIDUAL REQUESTING ACCESS:					DATE:	
X					X	
***** CERTIFICATION *****						
I certify that the individual named above is, in fact, an employee of the company as listed above. I understand that a knowing and willful false statement can be punished by fine or imprsonment, or both. (U.S. Code, Title 18 USC 1001)						
SIGNATURE OF AUTHORIZED PERSONNEL/REPRESENTATIVE					DATE	
X					X	
DO NOT WRITE BELOW THIS L INE						
DISAPPROVED		SIGNATURE OF DISAPPROVING OFFICIAL			DATE	
APPROVED					NO DRIVING PRIVILEGES	
_____ PHOTOGRAPHIC BADGE					Have individual report to the DLES-SM-O PRIOR to issuance	
_____ NON-PHOTOGRAPHIC BADGE- NO ESCORT REQUIRED						
_____ NON-PHOTOGRAPHIC BADGE- ESCORT REQUIRED						
SIGNATURE OF APPROVING OFFICIAL:					DATE	