

CRIMINAL AND DRIVERS HISTORY CONSENT FORM Please Read Privacy Act Statement Below Before Completing This Form					
PRIVACY ACT STATEMENT					
AUTHORITY:	10 U.S.C., 3013; 44 U.S.C. 3101, AR 190-13, Chapter 8, Army Access Control				
PRINCIPLE PURPOSE: To obtain information about individuals who seek access to Fort Gordon or Gillem Enclave for employment, recreation or other purposes. By completing and signing this form, individual authorizes Fort Gordon or Gillem Enclave Law Enforcement officials to receive National Crime Information Center (NCIC) criminal and driver history. ROUTINE USE: Department of Defense (DoD) Blanket Law Enforcement Routine Use. Creates record that individual gave consent for Fort Gordon or Gillem Enclave Law Enforcement Officials to obtain criminal and driver history. Social Security Number (SSN), driver's license number and other documents as requested are used for identification to retrieve information. DISCLOSURE: Disclosure is voluntary. Individuals, who do not disclose requested information, to include SSN, may be denied access to Fort Gordon or Gillem Enclave. Note: Individuals found on or entering Fort Gordon or Gillem Enclave without proper authority are subject to removal, prosecution or other appropriate action.					
By completing blocks 1 through 12, the individual in block 1 authorizes Fort Gordon or Gillem Enclave Law Enforcement Officials to receive a report of the individual's criminal and driver's history record. If requested, the individual agrees to provide a copy of social security card, a copy of driver's license, and copies of other identification documents as may be required.					
Individual in block 1 must put a Check Mark or X in the box below that designates the purpose for completing this form.					
Access to Fort Gordon or Gillem Enclave		Unit Armorers & AA&E Key Custodians		General Employment with Ft Gordon or Gillem Enclave (Do not check this box if you are a contractor).	
Employment with Police / Security / Guards		Employment with Children		Employment with Elder Care	
Type or print neatly in ink, all required information					
1. Full Name: (Last, First, Middle)		2. Home Phone No:		3. Cell or Alternate Phone No:	
4. Current Address:		5. Sex:	6. Race:	7. SSN:	
8. Date of Birth: (dd/mm/yyyy)	9. Drivers License No:	10. State of Issue:	Upon signing this form in block 11, I declare that the information provided is complete, true, and correct. I understand that a false statement may subject me to prosecution. (18 USC 1001)		
11. Signature of Individual in Block 1:				12. Date:	
Blocks 13 through 22 are to be completed by a Government (Gov) or Contracting Officer's Representative (COR) when requesting a Fort Gordon or Gillem Enclave extended access pass for the person listed in block 1. A Government or Contracting Officer's Representative must be a Department of Defense (DOD) civilian employee or active duty military.					
The Gov or COR verifies that the individual named in block 1 works / volunteers for: <i>(List Company. or Activity in block 13)</i>				13. Company or Activity:	
This individual does not currently have a DoD ID card that allows access through Fort Gordon or Gillem gates and requests access in order to better serve as a: <i>(List Position or Job Title in block 14)</i>				14. Position or Job Title:	
This individual has been employed or a volunteer since: <i>(List date in block 15)</i>	15. Date:	This individual is expected to be employed or volunteer thru: <i>(List date in block 16)</i>		16. Date:	
The Gov or COR in block 20 verifies that the individual in block 1 is a current employee / volunteer in their activity or area of responsibility.					
The Gov or COR will be responsible for the individual listed in block 1 and will report to the DES Gov representative when the person no longer works / volunteers for: <i>(List activity in block 17, i.e., DPW, COE, etc.)</i>				17. Activity:	
<i>(List Email of Gov or COR in block 18 and phone number in block 19)</i>	18. Email:			19. Phone No.	
20. Printed Name of Gov or COR:		21. Signature of Gov or COR:		22. Date:	
23. Signature of authorized DES representative:		24. Date:		25. For Official Use Only:	

**INSTRUCTIONS AND GENERAL GUIDANCE FOR COMPLETING THE
CRIMINAL AND DRIVERS HISTORY CONSENT FORM
PS Form 190-6, 11 June 2025**

1. Please read the complete Privacy Act Statement before completing the form.
2. When completing the form either type or print neatly in ink all required information. All signature blocks must be signed in ink. **Digital signatures are not authorized.** If the required information is not complete, true or incorrect, the individual's request for access to Fort Gordon or Gillem Enclave may be delayed or denied.
3. By completing blocks 1 through 12, the individual in block 1 authorizes Fort Gordon or Gillem Enclave Law Enforcement Officials to receive a report of the individual's criminal and driver's history record. If requested, the individual in block 1 also agrees to provide a copy of their social security card, a copy of their driver's license and copies of other identification documents as may be required.
4. Individual in block 1 must put a check mark or X in the box that designates the purpose for completing the form. For most individuals, the check mark or X would be placed in the box for Access to Fort Gordon or Gillem Enclave. This is especially true for contractors requiring an access pass.
5. Individual requiring access to Fort Gordon or the Gillem Enclave must complete blocks 1-12. Information required for blocks 1-12 is self explanatory. To reduce any confusion on how to list Date of Birth in block 8, list the month using the three letter abbreviation for the month of your birth date. Example: If the individual listed in block 1 has a Date of Birth of 8 June, 1972, list the Date of Birth as 08/Jun/1972. The individual in block 1 will not complete any blocks from 13 through 25.
6. Blocks 13 through 22 are to be completed by a Government (Gov) or Contracting Officer's Representative (COR) when requesting a Fort Gordon or Gillem Enclave extended pass for the individual listed in block 1. A Gov or COR must be a Department of Defense (DOD) civilian employee or active duty military. If there is any question as to who meets the criteria of a Gov or COR, the Gov or COR shall contact the authorized Directorate of Emergency Services (DES) representative to seek clarification.
7. Information required in blocks 13 through 22 should be self explanatory. For block 17, the Gov or COR will list their activity or the government abbreviation or acronym for their directorate or activity. Examples of government activities are: Directorate of Public Works (DPW), Morale, Welfare, and Recreation (MWR), Network Enterprise Center (NEC) Corps Of Engineers (COE), Directorate of Emergency Services (DES), COMMISARY, Army & Air Force Exchange Service (AAFES), etc. If clarification is needed for any required information in any of the blocks from 13 through 22, contact the authorized DES representative.