United Ctatas Department of the Interior





1/25/2019

To: Prospective Emergency Firefighters 2019

**Fort Wainwright Security Screening** – The Alaska Fire Service (AFS) is based on the Fort Wainwright military installation. The Army has a screening processes for all individuals wishing to gain access onto Fort Wainwright. To participate in the AFS Emergency Fire Fighter (EFF) program all individuals must be able to obtain access to Fort Wainwright for training, mobilization, and potential medical evacuation. This year all individuals wishing to work as EFF will be cleared through the Army's security screening processes.

If you are an EFF responder who may have a criminal background (felony or misdemeanor) and/or think that your criminal background will prevent you from being allowed access onto Fort Wainwright Post, you will need to apply for a waiver. To do so you must obtain and complete the **Access Control Denial Waiver Application**. The application will need to be filled out completely and court documents attached as necessary. The completed denial waiver application package needs to be sent to the TCC EFF Program Coordinator at:

FAX: 907-459-3852

MAIL: Tanana Chief's Conference

ATTN: TCC Forestry Program

122 1st Ave Suite 600 Fairbanks, AK 99701

TCC will forward completed waiver application packets to Fort Wainwright Security. The Army takes up to thirty days to process waiver applications so they must be completed and submitted as soon as possible. Once Fort Wainwright Security makes a determination you will be notified by telephone. You may also pick up your determination packet at the Fort Wainwright Visitor's Center. You can contact the Visitor's Center at 907-361-6144.

Submitting a waiver application does not guarantee an individual access to Fort Wainwright. The Army will review each application and make a determination on whether or not that individual will be granted a waiver for entry on to Fort Wainwright for that fire season. The Army is particularly interested in individuals with a history of misdemeanor and felony convictions for assault or sexual misconduct. Individuals who are not cleared through Fort Wainwright security screening will not be hired by AFS.

If you have a felony or misdemeanor conviction and you do not complete and submit a waiver application, you will not be hired by AFS. EFF who fail to reveal convictions will be permanently removed from the AFS EFF program.

For more information contact TCC at: 907-452-8251 ext. 3373 or 3379

#### DEPARTMENT OF THE ARMY



INSTALLATION MANAGEMENT COMMAND HEADQUARTERS, U.S. ARMY GARRISON, ALASKA 1046 MARKS ROAD

FORT WAINWRIGHT, ALASKA 99703-7000

**IMFW-ESS-A** 

#### MEMORANDUM FOR RECORD

SUBJECT: Access Denial onto Fort Wainwright

- 1. This is to notify you that while conducting a background check to determine whether you should be allowed access to Fort Wainwright as a visitor, it was discovered you have information and possible indiscretions in your past which prohibits allowing you access.
- 2. In order for the Installation Commander to decide whether to allow you access to the installation, more information is needed regarding your past conduct. The attached Access Waiver Application gives you the opportunity to state the pertinent facts and to provide any extenuating or mitigating circumstances you want the Installation Commander to consider in making his determination for access. You are required to provide a certified copy of any criminal history which must include all arrests and convictions, the completed application, and a letter from your probation or parole officer if applicable. You are encouraged to provide witness statements and or letters of reference from other individuals, and any other documents you deem relevant to the Installation Commander's decision whether to allow you access to the installation. Your prompt reply is encouraged. If your waiver packet is denied, you may reapply after one year from date of denial or earlier if you can submit documentation that present significant information that was not available at the time of the original denial or the basis for the denial has expired, been overturned, or rescinded. The Access Waiver Application must be submitted to the Visitor Center by your Government sponsor to begin processing and contain a letter from the sponsor stating that you are being sponsored for unescorted access for a specific purpose with an expiration of I year or the end of the contract whichever is soonest. If you do not know who your sponsor is, contact 361-7560 and they may be able to help you identify your sponsor. All visitors are required to have a sponsor to enter the installation. Once submitted, the waiver will take up to 30 days to be processed through the installation offices for fitness determination.
- 3. Please have your sponsor mail your response promptly to Directorate of Emergency Services, 1046 Marks Road #7230 (Boatman), Fort Wainwright, AK 99703-7230 or deliver to the Fort Wainwright Visitor Center. Once received, your information will be reviewed so that determination by the Installation Commander or his representative can be accomplished. Once completed you may pick up your determination packet at the Visitor Center between 0600-1600 hours M-F, excluding major holidays. Visitor Center phone number is 361-6144. You will be notified of the decision by phone on completion.
- 4. POC is the Directorate of Emergency Services, Physical Security Division at 361-7560.

Attach as GILLOGLY Original Signed/Filed RYAN R

Director Emergency Services

# ACCESS CONTROL DENIAL WAIVER APPLICATION

# <u>WARNING:</u> ANY MISREPRESENTATION OR OMISSION OF INFORMATION MAY RESULT IN DENIAL OF THE REQUEST

| Please type or print neatly; Attach additional sheets if necessary.  1. Name (First/Middle/Last) Date applied:  2. Current Address (Number and Street, City, State, and ZIP Code)  3. Email address:  Do you want our decision emailed back to you rather than mailed to you? Yes  4. Current Telephone Number  Home ( ) Work ( )  5. Reason for requesting access to Fort Wainwright? Wildland Firefighter Training & Mobilization  6. For what company / government sponsor? BLM Alaska Fire Service  7. Does your job require you to have a clearance? No  8. List Your ENTIRE Criminal History (except traffic and other infractions) as follows:  CRIME FOR WHICH CRIME FOR WHICH NAME & ADDRESS OF CONVICTION OF COURT OR (INCLUDE ARRESTED CONVICTED (OR INDICATE IF' DISMISSED OR NULL PROS.)    NULL PROS.   NULL PROS.   NULL PROS. |
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| NULL PROS.)   |
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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).   |
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| 10. In your own words, explain the facts of each charge, and why you should be able to come on  |
| post. Attach additional sheets if necessary.  |
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| Name of Applicants   |
|--|
| Name of Applicant: Email:  |
| Date:  |
| 11. Explain any circumstances that lessen the seriousness of the 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? (please circle)  Yes No  If Yes, indicate the reason for the denial.                          |
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| 13. List all references that you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship.            |
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| 14. A letter from your Probation / Parole Officer if applicable is required with this application.   |

### **VERIFICATION**

| State                   | of                     |  |              |  |  |  |
|-------------------------|------------------------|--|--------------|--|--|--|
| Borough of              |                        |  |              |  |  |  |
|                         |                        | ned has examined this request for review an , complete, and correct. | d to the     |  |  |  |
|                         |                        | Your Signature   |              |  |  |  |
|                         | Your printed name      |  |              |  |  |  |
|                         |                        | Date (Month, Day, Year)  |              |  |  |  |
| Before me, the          | undersigned, a Not     | eary Public in and for said County and State,                        | , personally |  |  |  |
| appeared                |                        | _ and acknowledged the execution of the                              | e foregoing  |  |  |  |
| instrument as his/her v | oluntary act and dee   | ed.  |              |  |  |  |
| WITNESS, my hand a      | nd Notarial seal, this | s day of—, 20  |              |  |  |  |
|                         |                        | Notary Public,<br>Signature  | -<br>Written |  |  |  |
|                         |                        |  |              |  |  |  |
| Government Repr         | resentative Authoriz   | ation:   |              |  |  |  |
| Approved:               | Denied:                | _  |              |  |  |  |
| Expiration:             |                        |  |              |  |  |  |
| Name:                   |                        |  |              |  |  |  |
| Signature:              |                        |  |              |  |  |  |
| Organization:           |                        |  |              |  |  |  |
| Phone Number: _         |                        |  |              |  |  |  |
|                         |                        |  |              |  |  |  |