

Solicitation Permit Application

Privacy Act Statement: (5 USC 301). This application is used to determine suitability and qualification to Conduct business on the Fort Cavazos Military Installation. Additionally, it is used to identify individuals suspected of violating Department of Defense Regulations governing solicitation privileges and is used to support Armed Forces Disciplinary Control Board actions initiated as a result of the alleged violation. All blank spaces must be completed and responses must be printed legibly. Disclosure of information is voluntary; however, if an individual chooses not to provide the information requested, this application will not be processed.

General Sales Application

Notarized letter signed by the VP or above that meets the requirements in AR 210-7.

Copy of state insurance license

Proof of identification

Complete DA Form 7281, Sep 2009 for background check conducted by Provost Marshall

If product is competitive with AAFES or MWR or is a health product a copy of the above requested material will go to the concerned agency for approval.

Upon satisfactory completion of above items the Form will be typed and issued

Applicant's Information:

Name: _____ SSN _____ DOB _____ Home Telephone(____) _____
Home Address _____ City _____ State _____ ZIP _____

Physical Description: Height _____ Weight _____ Color Hair _____ Color Eyes _____ Sex _____

Active Duty?(Y/N) _____ Reserve?(Y/N) _____ If yes, give unit _____
Company Commander Name _____ Commander's Phone Number _____

DOD Civilian Employee?(Y/N) _____ If yes, give section _____
Supervisor's Name _____ Supervisor's Phone Number _____

Driver's License Number _____ State _____ Auto Make _____ Model _____
Color _____ Year _____ Vehicle License Number/State _____

Have you ever had a federal or state conviction? _____ If yes, identify the offense(s) and date(s) of conviction:

Physical Description: Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

Corporation Information:

Name of company _____ Local Business Address _____
City _____ State _____ ZIP _____ Telephone (____) _____

Company's Headquarters Name and Address if different from above:

Name _____ Street _____ City _____
State _____ ZIP _____ Telephone(____) _____

Is your business covered by insurance? (Y/N) _____

Employer History:

I have worked for the following employer for the past ten (10) years:

Employer	Address	From	To

Solicitation On Military Installation:

I have or had a solicitation permit for the following military installation in the past ten (10) years:

Military Installation	Name and Type of Business	From	To

Read the Solicitation Statement on the following pages and sign the application indicating that you understand and agree to all provisions of the statement.