

FORM 5512-BATH IRON WORKS ACCESS CONTROL FORM

PURPOSE(S): To control physical access to Bath Iron Works facilities, or areas over which BIW has security responsibilities by identifying or verifying an individual through the use of databases and associated data processing/information services for designated populations for purposes of protecting national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To new employees, employees, designated contractors, Federal agencies, and foreign governments for the purpose of granting access to the facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, facilities and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NAME:	4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO	6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. DATE OF BIRTH:	9. CITY OF BIRTH:	10. STATE OF BIRTH:
12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):	

U.S. Citizen Minimum Documentation Required:
 U.S. Birth Certificate
 Naturalized - Certification Number, Petition Number, Date, Place and Court,
 United States passport number
 U.S. Native American Enhanced Tribal Card

14. IDENTITY SOURCE DOCUMENTS PRESENTED:	15. DOCUMENT NUMBER:	16. ISSUED BY STATE/COURT:	17. ISSUED BY COUNTRY:	18. ISSUED:	19. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		

Date of Entry:	Port of Entry:
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OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

20. WEIGHT (Pounds):	21. HEIGHT (Inches):	22. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald	23. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown
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24. HOME ADDRESS (Include city, state, zip code):	HOME PHONE (Include Area Code):
25. COMPANY SPONSOR'S NAME:	SPONSOR PHONE (Include Area Code):

EMPLOYMENT ACTIVITY INFORMATION

26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):	EMPLOYER PHONE (Include Area Code):
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):	SUPERVISOR PHONE (Include Area Code):

28. Check the applicable box for WORK HOURS or check the OTHER box and enter work hours, Check the applicable box for WORK DAYS:
WORK HOURS: 0600-1800 0800-1700 OTHER _____ WORK DAYS: SN M T W TH F ST

29. Have you ever been convicted of a Felony? YES NO _____ Initial

30. Have you ever been a BIW employee? YES NO

31. I understand that I am required to return my BIW Access Control Badge to the Visitor Control Center when it expires or if my employment is terminated. _____ Initial

32. I have reviewed the BIW EHS documents listed below prior to arriving at BIW and agree to abide by the information therein.

- Visitor Safety Video
- EHS Policy
- Visitor and Vendor Information Package
- EHS Handbook

Note: This requirement is waived if access is restricted to office/conference rooms and you will not be entering manufacturing areas.

_____ initial

ESCORT CERTIFICATION

As the BIW Representative designated to Escort the Visitor(s) identified on the reverse of this form I hereby certify that I understand and will comply with my Escort Responsibilities. I understand that I will remain with the Visitor(s) under my Escort at all times while within BIW Facilities. I am required to Escort them to/from rest facilities (not required within lavatories). I am required to ensure that all BIW safety and security rules are adhered to. I will ensure that Non-US Citizen Visitor(s) under my Escort are provided only that material which is authorized for public release. Visitors are not authorized to take photographs within BIW Facilities nor are they authorized to utilize BIW copying equipment without prior authorization from a responsible BIW management official. Visitors are not authorized to access any BIW computer/system/network. I fully understand my ITAR responsibilities. I will address any questions concerning my Escort Responsibilities to the BIW Industrial Security Office.

BIW Employee Signature: _____ **Date:** _____

FINAL DETERMINATION ON YOUR ACCESS: The BIW Security Department has final authority for determination on granting physical access to any BIW facility.

This Section is to be completed by BIW Department Head or Sponsor

Justification for Visitor Badge:

Duration of Badge: _____

Signature: _____ Date: _____

This Section is to be completed by Visitor Control Staff

Visitor Badge #: _____ Issue Date: _____

Expiration Date: _____ TAS #: _____

Visitor Control Initials: _____

Approved By: _____ Date: _____

Background check verified: Yes No

Instruction for completing the Access Registration Form

INSTRUCTIONS: Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

RESTRICTIONS: Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited, and that such activity is grounds for cancellation of the Pass.

<p>Block 1: Enter the Last Name. Block 2: Enter the First Name. Block 3: Enter the Middle Name. Block 4: If applicable, check the box for Name Suffix. Block 5: Check the applicable box for Hispanic or Latino. Block 6: Check the applicable box for Race. Block 7: Check the applicable box for Gender. Block 8: Enter Date of Birth. Block 9: Enter City of Birth. Block 10: Enter State of Birth. Block 11: Enter Country of Birth. Block 12: Check the applicable box for US Citizenship. Block 13: If not a US Citizen, enter the name of the Country of Citizenship. Block 14: Two forms of identity source documents from the list of acceptable documents listed below must be presented with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present. Block 15: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 14. Block 16: Enter the State that issued the Identity Source Document. Block 17: Enter the Country that issued the Identity Source Document.</p>	<p>Block 18: Enter the Date that the Identity Source Document was issued. Block 19: Enter the Date that the Identity Source Document will expire. Block 20: Enter Weight in pounds. Block 21: Enter Height in inches. Block 22: Check the applicable box for Hair Color. Block 23: Check the applicable box for Eye Color. Block 24: Enter Home Address Including City, State, Zip Code, and Home Telephone Number. Block 25: Enter Name of Sponsor and Sponsor's Telephone Number. Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number. Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number. Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days. Block 29: Check the applicable box for felony conviction. Block 30: Check the applicable box to Identify if you are a former BIW employee. Block 31: Enter initials to accept terms for returning Access Control Badge. Block 32: Enter initials to acknowledge your review and agreement to abide by the EHS information and documents listed in Block 32.</p>
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LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.
 Must present one selection from List A for proof of U.S. citizenship and one selection from List B to establish identity.

List A - Documents that Establish U.S. Citizenship

List B - Documents that Establish Identity

<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card. 2. U.S. Birth Certificate 3. U.S. Native American Enhanced Tribal Card 4. U.S. Naturalization Certificate 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. 3. School ID card with a photograph 4. TWIC Card 5. U.S. Military card or draft record. 6. Military dependent's ID card. 7. U.S. Coast Guard Merchant Mariner Card. 8. Native American tribal document. <p style="font-size: small; margin-top: 20px;">For persons under age 18 who are unable to present a document listed above: Authority for access is on a case by case basis only.</p>
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PRIVACY NOTICES AND POLICIES

I **acknowledge** that I have had the opportunity to review General Dynamics Bath Iron Works' (GDBIW) Privacy Notices which can be found at www.gdbiw.com/privacy

By checking this box, I understand and accept the terms of the all applicable GDBIW privacy notices. I acknowledge the legal basis for processing my personal data and consent to the collection, use, retention, and transfer of personal data; and I understand that if the legal basis for processing my personal data is consent, I can withdraw my consent at any time, but doing so will not affect the processing of my personal data before my withdrawal of consent. _____ *initial*

**BATH IRON WORKS CORPORATION
WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND DEFENSE AND INDEMNITY AGREEMENT**

In consideration of being granted permissive entry onto the premises owned, leased, operated, or controlled by Bath Iron Works Corporation ("BIW premises"), I (print name):

[hereinafter "Releasor"], hereby waive and release BATH IRON WORKS CORPORATION, its owners, officers, directors, shareholders, employees, agents, attorneys, subsidiaries, parent companies, and affiliated companies, lessors, lessees, contractors, independent contractors, successors or assigns [hereinafter "Releasees "] from any and all claims, damages, or causes of action in law or equity of any type, for personal injury, property damage, emotional distress, wrongful death or any other damages, INCLUDING ANY CLAIMS ARISING OUT OF RELEASEES' OWN NEGLIGENCE, if any, and/or the negligence of any third party, related to or arising out of Releasor's entry onto the BIW premises.

The parties specifically state that this agreement is intended to expressly spell out with the greatest particularity, the intention of the parties to extinguish all claims for damages against Releasees, INCLUDING ANY INJURIES OR DAMAGES CAUSED BY RELEASEES' OWN NEGLIGENCE, that Releasor may have now, or which may in the future arise against Releasees or any other person in connection with, or arising out of, Releasor's entry onto the BIW premises. The parties agree that this agreement complies with the requirements under Maine law of a complete release of any and all claims and causes of action, including any claims and causes of action for Releasees' own negligence as recognized by the Maine Law Court in *Lloyd v. Sugarloaf Mountain Corp.*, 2003 ME 117,833 A.2d 1 and related cases.

This Waiver and Release of Liability, Assumption of the Risk, and Defense and Indemnity Agreement ("Waiver") is **valid for a period of one year** from the date signed. Releasor agrees not to enter any BIW premises after the expiration of this release unless and until a new Waiver is signed by the Releasor.

Releasor acknowledges, understands, and assumes all risks relating to his or her entry onto the BIW premises. Releasor understand that entry onto the BIW premises involves risk to Releasor's person, including bodily injury, mental or emotional injury, partial or total disability, paralysis, and death, and any damages which may arise therefrom. Furthermore, Releasor understands the process of manufacturing vessels involves the use of heavy equipment, moving objects, power tools, and chemicals, and the nature of the operations and related work in BIW facilities is inherently dangerous.

In further consideration of being granted permissive entry onto the BIW premises, Releasor agrees that upon the filing or assertion of any claim, notice of claim or lawsuit for Releasor's personal injury, property damage, emotional distress or wrongful death or any other damages against Releasees, RELEASOR SHALL DEFEND, INDEMNIFY AND SAVE HARMLESS RELEASEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION BY WHOMEVER OR WHEREVER MADE, INCLUDING ANY AND ALL CLAIMS FOR RELEASEES' OWN NEGLIGENCE. Releasor specifically agrees that his/her duty to defend and indemnify Releasees from any and all claims, including claims for Releasees' own negligence, shall include a duty to pay all attorney's fees and litigation costs incurred by Releasees as said fees and costs are incurred.

By his/her signature, Releasor acknowledges that he/she has been provided and has read the above paragraphs and has not relied upon any representations of Releasees. Releasor acknowledges that he/she has a right to consult an attorney and, in the event Releasor does not consult an attorney, Releasor assumes the risk of not consulting an attorney.

In further consideration of being granted permissive entry onto the BIW premises, Releasor agrees to comply with all applicable rules and regulations of Bath Iron Works Corporation, including without limitation all rules related to safety, environmental, and security operations.

Releasor agrees and acknowledges that each provision of this agreement is severable from and valid and binding regardless of the validity or invalidity of any other clause or clauses of this agreement. This written agreement contains the entire agreement between Releasor and Releasee. Its terms are contractual and not a mere recital.

Releasor agrees that this agreement shall be construed, interpreted, and enforced in accordance with the substantive laws of the State of Maine. Releasor submits to the personal and subject matter jurisdiction of the Federal and State courts within the State of Maine for any and all matters involving the interpretation and enforcement of this agreement.

Finally, Releasor states that he/she has carefully read the foregoing agreement and knows and understands its contents and Releasor signs it as his/her own free act and will.

Releasor's Name

Releasor's Signature
(Under 18 years of age must be signed by parent/ guardian)

DATED: _____

Parent/guardian Printed Name (if required)

DOB: _____

Address: _____

Expiration Date: _____