

MEMORANDUM FOR 366 SFS/Visitor Control Center (VCC)

FROM: _____
(Sponsor's Printed Name and Grade)

SUBJECT: Base Visitor Request/Request for Installation Access Pass

1. The below listed individual is requesting issuance of an Installation Access Pass for the reason/time period listed. This letter is submitted IAW MHAFB base access requirements.

REQUEST MUST BE SUBMITTED TO VCC TWO WEEKS BEFORE ACCESS IS REQUESTED
TYPE OR FILL OUT LEGIBLY OR APPLICATION WILL NOT BE PROCESSED
FAILURE TO MEET THE 14-DAY TIMELINE MAY RESULT IN ACCESS DELAYS.

2. The individual (Visitor) has been informed that a background check will be conducted, and that disclosure of the below information is voluntary; however, failure to do so could result in them being denied access to the installation.

3. I (Sponsor) am aware of visitor procedures and understand visitors are not allowed the same privileges as DoD members or family members (BX, Commissary, etc.). I am aware that I am responsible for the conduct of my visitors while on MHAFB and of possible actions that could be taken in response to incidents or violation of policies. Visitor is not authorized to drive on the installation without a valid state or international driver's license. Any violations of policies, to include unauthorized use of base facilities, will result in loss of visitor(s) base access.

(Sponsor's Printed Name and Grade)_____
(Sponsor's Signature or **DIGITAL WITH DODID #**)_____
(Date)

1. FULL LEGAL NAME (FIRST, MIDDLE, LAST)			M <input type="checkbox"/> F <input type="checkbox"/>
3. SSAN	4. OPERATORS LICENSE NUMBER AND STATE	4A. FEDERAL OR STATE ISSUED ID NUMBER AND STATE	
5. PURPOSE OF VISIT (NOTE: CONTRACT NO. REQ'D FOR 1 YEAR PASSES)			6. DATE OF BIRTH (YYYY/MM/DD)
7. DATE(S) OF VISIT OR CONTRACT DATES	8. HOURS OF BASE ACCESS NEEDED	9. DAYS REQUIRED S <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	
10. EMPLOYED BY (CONTRACTORS) OR SPONSORS NAME AND EMAIL (VISITORS)			11. SPONSORS DUTY PHONE
FOREIGN VISITORS/PERSONNEL			
12. PASSPORT NUMBER AND COUNTRY OF ORIGIN	13. VISA NUMBER (IF APPLICABLE)	14. ADDITIONAL IDENTIFICATION (IF APPLICABLE)	

366 SFS/VCC: Approved/Disapproved_____
(VCC Representative Printed Name and Grade)_____
(Signature or **DIGITAL WITH DODID #**)_____
(Date)**OSI Coordination (For Foreign Visitors Only)**_____
(OSI Representative Printed Name and Grade)_____
(Date)

VCC USE ONLY			
I	_____	S	_____
A	_____	L	_____

PRIVACY ACT STATEMENT: Authority: 50 U.S.C 797 and DOD Directive 5400 B

PRINCIPAL PURPOSES: To identify personnel requesting visitor access to MHAFB, to include unofficial visitors and/or family members of DoD personnel, who will be vetted using standard base access vetting procedures.

ROUTINE USES: Information will be used by SFS and OSI to conduct a background check, NCIC wants and warrants and criminal history check, and local files check.

DISCLOSURE IS VOLUNTARY: Failure to provide the information could result in the individual being denied base access. This letter of request will be sent to 366 SFS/VCC two weeks prior to the date the individual concerned requires the pass.

DISPOSITION: This document is for CUI once completed; if this document is no longer in use shred it for protection of the contents.