

DEPARTMENT OF THE AIR FORCE 366TH SECURITY FORCES SQUADRON (ACC) MOUNTAIN HOME AIR FORCE BASE, IDAHO

CUI

MEMORANDUM FOR 366 SFS/S5B

FROM:

SUBJECT: Request for Entry Installation/Base Access Liat

1. Request the individuals listed on the attachment Base Access List be granted access to

| MHAFB from | | on | to | on | |
|-------------------|-------------------|------------|----------|----|--------------------------------------|
| | DUTY HOURS NEEDED | START DATE | END DATE | | Sat, Sun, Mon, Tues, Wed, Thurs, Fri |
| for | | | | | |
| | REASON FOR AC | CCESS | | | |
| 2 Max a sector at | information is he | 1 | | | |

2. My contact information is below.

| Home Phone: | |
|-------------|--|
| Cell Phone: | |

3. All individuals have been informed a background and local files check will be conducted and that the disclosure of their information is voluntary; however, failure to provide information will result in them being denied access to the installation. All personnel must produce a valid form of identification when requesting access to MHAFB.

4. All personnel on the attachment are US citizens and not Foreign Visitors (see note). All requests for installation access by Non-Us Citizens or Foreign Visitors will be completed using an SF Form 30 or other process as approved by 366 SFS.

| | (Signature) |
|--|--------------------|
| 1st Ind, 366 SFS/S5B Approved/Disapproved | (Duty Title) |
| VCC USE ONLY I S A L | Authenticated onby |
| | (Printed Name) |
| | (Signature) |

NOTE: Foreign visitors must produce a Form I-551 or passport with a I-551 stamp as indicated in DoDM 5200.08V3/AFMAN 31-101V3 to be considered a "US Resident." Foreign visitors in possession of a REAL ID Act compliant state driver's license or an Enhanced Driver's License/Enhanced Identification Card (EDL/EID) ARE NOT considered US residents for base access purposes.

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

PRINCIPAL PURPOSES: To identify personnel requesting visitor access toMHAFB, 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.

CUI

This form may be replaced with a spreadsheet containing the same information

| | | | OPERATOR'S LICENSE & STATE or FEDERAL ISSUED ID & | DOB | EMPLOYED |
|--------------------------------------|-----|-----|---|--------------|---------------------------|
| FULL NAME (LAST, FIRST, MIDDLE NAME) | M/F | SSN | STATE | (YYYY/MM/DD) | BY/CONTRACT NUMBER |
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