

FOR OFFICIAL USE ONLY

SPONSOR'S INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

SEX: M or F (CIRCLE ONE)

SSN or DOD ID NUMBER: _____

ORGANIZATION: _____

PHONE NUMBER: _____

VISITOR'S INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

SSN: _____

SEX: M or F (CIRCLE ONE)

US CITIZEN? YES OR NO (CIRCLE ONE)

PHONE NUMBER: _____

REASON FOR VISIT:

DESTINATION ON KIRTLAND AFB: _____

REQUESTED ACCESS TIMES:

MONDAY—TUESDAY—WEDNESDAY—THURSDAY—FRIDAY—SATURDAY—SUNDAY

FROM: _____ TO _____ HOURS

EXPIRING: ____/____/____

CRIMINAL BACKGROUND CHECK INFORMATION

VISITOR'S FULL LEGAL NAME: _____

VISITOR'S DRIVERS LICENCE NUMBER: _____

STATE OF ISSUE: _____

ANY ALIAS: _____

I authorize the use of and release of my personal information to KIRTLAND AFB, NM, to accomplish my National criminal background check. I understand the information obtained will be used to determine my eligibility to access Kirtland AFB. Furthermore, I certify the information I have provided is true and that any attempt on my behalf to provide incorrect or misleading information may subject me to denial of base access and/or prosecution under state and/or federal laws. By signing this document, I hereby authorize this request for a background check.

SIGNATURE OF VISITOR

DATE

DO NOT WRITE BELOW—GOVERNMENT USE ONLY

SF/SSB USE ONLY

DATE COMPLETED:

NCIC III CHECK: YES / NO INITIALS: _____

DRIVERS LICENCE: YES / NO INITIALS: _____

REMARKS:

PRIVACY ACT STATEMENT: AUTHORITY: Title 5 USC Section 301, Departmental Regulation **Principle Purpose:** To implement AFI 31-201, Installation Security and 31-204, Air Force Motor Vehicle Traffic Supervision **ROUTINE PURPOSE:** To request and record the issuance of a Visitor when the use of another form is not authorized or specified. Failure to provide any of the information requested may result in non-issuance of the Visitor Pass. Disclosure of the SSN is voluntary acceptance of these terms constitutes approval for a criminal history background check to be conducted as part of the requested approval process. This information is necessary for validation of identity and determination of entry eligibility onto Kirtland Air Force Base. Failure to provide this information may result in non-issuance determination by the issuing authority.

PASS AND REGISTRATION JUSTIFICATION LETTER TEMPLATE

DATE: ___/___/_____

CHECK BOX: CONTRACTOR
VISITOR
EMPLOYEE

NAME OF SPONSOR: _____

PHONE NUMBER OF SPONSOR: (____) _____

NAME OF VISITOR: _____

REASON FOR PASS REQUEST: _____

ACCESS TIMES REQUESTED (ONLY INPUT WHAT IS NEEDED):

Dates FROM: ___/___/_____ TO: ___/___/_____

Times FROM: ___:___:___ TO: ___:___:___
AM/PM AM/PM

**NOTE: ACCESS TIMES BEYOND 0530-1830 MONDAY-FRIDAY MUST FILL OUT SPECIAL PURPOSE JUSTIFICATION BELOW*

SPECIAL PURPOSE JUSTIFICATION:

ALL CONTRACTOR PASSES MUST HAVE CONTRACT CLAUSE WITH PASS REQUEST.

**IAW KAFB IDP 31-101 3.5.1.7 "LONG TERM PASSES WILL NOT BE ISSUED FOR THE CONVENIENCE OF THE SPONSOR OR VISITOR."*

EMPLOYEES ARE ONLY AUTHORIZED ACCESS FOR THEIR ASSIGNED DUTY HOURS.

EXAGGERATED HOURS ARE NOT ACCEPTED.

After-Hour and weekend access must be approved by the sponsor and an authorized member of Personnel Security

SIGNATURE OF SPONSOR: _____

***SIGNATURE OF PERSEC Rep: _____**