UNESCORTED ACCESS REQUEST

SPECIAL SECURITY REQUIREMENTS: IAW AFMAN 31-101V3, Enclosure 1, paragraph 1.1.g.(b), "It is the sponsoring organization's responsibility to ensure the visit is properly recorded and documented...and the local AFOSI unit is notified when foreign visitors arrive and depart the installation."
On the day of visit and when the foreign visitors have departed the installation, contact local AFOSI unit indicating time of arrival and departure from the installation.

The following information has been provided to aid in the completion of the Unescorted Access Request.

Section I: Sponsor Information.

    Block 1. Title The sponsors title (ie; Mr., Ms., Mrs., or associated rank of Military/GS employee).
    Block 2. Last Name, First Name MI (Full name of sponsor, use format assigned).
    Block 3. Duty Phone (Office number you can be reached at during business hours).
    Block 4. Cell/Home Phone (Phone number you may be reached at during requested access times for your guests).
    Block 5. DoD ID Number (Assigned number on your DoD ID Card-This is required to fully identify you in DBIDS).
    Block 6. Organization/Home Address (If you are sponsoring for a government purpose use your organization. If it is for personal reasons use your home address).
    Block 7. Email Address (email submissions will be sent encrypted utilizing a .mil email address).

Section II: Access Details.

    Block 8. Category for Access (Check the category of your guest).
    Block 9. Time Frame

        From Date (Start date of visit/contract, etc…)
        To Date (End date of visit/contract, etc…)

        From Time (Start time of visit or if continual access, start time each day)
        To Time (End time of visit or if continual access, end time each day)

        Days of Week (Days of week entry is required - If visiting select day(s) visit will take place, if continual access is required – actual days of work required to be present)

    Block 10. Provide <u>specific</u> reason & location for access (ie; meeting, tow truck, Pop-A-Lock, taxi, wedding, family visit, etc.
    Block 11. Identify the Visiting Organization, Name of Event; or if Contractor: Company Name (Prime and Sub Contractor), Contract Number and Contract Period.

    Block 12a, b, c: Sponsor completes each block. Must be legible when completed manually.

Section III: Joint Visitor Center Use Only.

Section IV: Approval Commander Use Only.

Section V: Guest Information.

    Foreign visitors must be processed through the local AFOSI unit. For more than 20 visitors [Special Event] use continuation sheets).

    Block 15. Fill in the blocks [alphabetical order] for all visitors 18 years of age or older.

        Last Name, First Name MI (Full name of visitor, use format assigned).
        DOB: Date of Birth (Use format assigned).
        Country (Country of birth for foreign visitors).
        ID Type: Must be a valid form of photo ID.   Below are acceptable forms. Use the corresponding number when making your selection.

            1 = Driver's License   2 = State Identification Card   3 = Social Security Card
            4 = Passport/Visa   5 = Permanent Residence Card   6 = US Citizenship & Immigration Services

        ID Number (The associated number assigned to the ID Type)
        Country of Issue (Country where identification was issued)
        State of Issue (State where identification was issued)

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I. SPONSOR INFORMATION

1. TITLE	2. LAST NAME, FIRST NAME, MI	3. DUTY PHONE	4. ALTERNATE CONTACT NUMBER	5. DOD ID NUMBER

6. ORGANIZATION/HOME ADDRESS	7. EMAIL ADDRESS

II. ACCESS DETAILS

8. CATEGORY OF ACCESS

- ☐ Contractor/Vendor
- ☐ Personal Services
- ☐ Delivery/Pick-Up
  (Ex: Pizza Delivery/.Non Driver Status)
- ☐ Visitor/Volunteer
- ☐ Special Event
- ☐ Foreign National/Dual Citizenship

9. TIME FRAME

From Date: _____

From Time: _____

To Date: _____

To Time: _____

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

10. JUSTIFICATION FOR ACCESS *(Specify exact reason & location)*

11. CONTRACTED COMPANY SPONSORED OR SPECIAL EVENT NAME

12a. DATE OF SIGNATURE	12b. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE OF SPONSOR	12c. SPONSOR SIGNATURE

III. JOINT VISITOR CENTER USE ONLY

13a. RECEIVED DATE   13b. VETTED DATE   13c. POSTED DATE *(For EAL Use)*

_____   _____   _____

13d. DATE OF SIGNATURE	13e. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE OF VERIFIER	13f. SIGNATURE

IV. APPROVAL COMMANDER USE ONLY

14a. APPROVAL/DENIAL DATE

_____   Approved   Denied

14b. DATE OF SIGNATURE	14c. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE	14d. SIGNATURE

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UNESCORTED ACCESS REQUEST

V. GUEST INFORMATION

15. Enter information for all persons 18 years of age or older (in alphabetical order). Refer to page 1 for instructions.

Last Name, First Name, MI	DOB (DD/MMM/YY)	Country of Birth	ID Type	ID Number	Country of Issue	State of Issue	JVC Use Only

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