

FOR OFFICIAL USE ONLY

SPONSOR'S INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DATE OF BIRTH: ___ / ___ / ___

SEX: M F

SSN or DOD ID NUMBER: _____

ORGANIZATION: _____

PHONE NUMBER: () -

VISITOR'S INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DATE OF BIRTH: ___ / ___ / ___

SSN: _____

SEX: M F

US CITIZEN? YES NO

PHONE NUMBER: () -

DESTINATION/COMPANY ON KIRTLAND AFB: _____

REQUESTED ACCESS TIMES:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

(CHECK DAYS REQUESTED)

FROM: _____ TO _____ HOURS

EXPIRING: ___ / ___ / ___

**NOTE: ACCESS TIMES BEYOND MONDAY THROUGH FRIDAY, 0530 TO 1830, MUST FILL OUT THE SPECIAL PURPOSE JUSTIFICATION (PAGE 2)*

CRIMINAL BACKGROUND CHECK INFORMATION

VISITOR'S FULL LEGAL NAME: _____

VISITOR'S DRIVERS LICENSE 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: _____

REMARKS:

NCIC III CHECK: YES NO INITIALS: _____

DRIVERS LICENCE: YES NO INITIALS: _____

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

CHECK BOX: CONTRACTOR
 EMPLOYEE
 VISITOR

REASON FOR REQUEST(who, what, when, where, why):

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

SPECIAL PURPOSE JUSTIFICATION

***ALL CONTRACTOR PASSES REQUESTING AFTER-HOURS or WEEKEND ACCESS MUST HAVE ASSOCIATED CONTRACT CLAUSE WITH PASS REQUEST.**

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

SIGNATURE OF SPONSOR _____

THE SECTION BELOW IS FOR SNL EMPLOYEES ONLY

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 SNL Personnel Security(PERSEC) .

***SIGNATURE OF PERSEC Rep (SNL ONLY): _____**