

# MILITARY BASE VISITOR PASS REQUEST FORM

**PRIVACY ACT STATEMENT:** Disclosure of this information is voluntary; however, failure to provide the requested information may impede or prevent the issuance of a visitor pass. The information collected will be used to conduct background checks and verify identity prior to granting installation access.

*Instructions: Please type or print clearly in block letters.*

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## Section I: Visitor Information

|                                   |                      |                                  |                      |                           |                      |
|-----------------------------------|----------------------|----------------------------------|----------------------|---------------------------|----------------------|
| Last Name:                        | <input type="text"/> | First Name:                      | <input type="text"/> | Middle Name:              | <input type="text"/> |
| Date of Birth (YYYYMMDD):         | <input type="text"/> | Social Security Number / Tax ID: | <input type="text"/> | Gender:                   | <input type="text"/> |
| ID Type (e.g., Driver's License): | <input type="text"/> | ID Number:                       | <input type="text"/> | ID Issuing State/Country: | <input type="text"/> |
| Country of Citizenship:           | <input type="text"/> | Phone Number:                    | <input type="text"/> | Email Address:            | <input type="text"/> |
| Street Address:                   | <input type="text"/> |                                  |                      |                           |                      |
| City:                             | <input type="text"/> | State:                           | <input type="text"/> | ZIP Code:                 | <input type="text"/> |

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## Section II: Sponsor Information

|                       |                      |                            |                      |
|-----------------------|----------------------|----------------------------|----------------------|
| Sponsor Last Name:    | <input type="text"/> | Sponsor First Name:        | <input type="text"/> |
| Sponsor Rank/Grade:   | <input type="text"/> | Sponsor Unit/Organization: | <input type="text"/> |
| Sponsor Phone Number: | <input type="text"/> | Sponsor Email Address:     | <input type="text"/> |

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## Section III: Visit Details

|                                  |                      |                                |                      |
|----------------------------------|----------------------|--------------------------------|----------------------|
| Purpose of Visit:                | <input type="text"/> |                                |                      |
| Destination Building/Location:   | <input type="text"/> |                                |                      |
| Requested Start Date (YYYYMMDD): | <input type="text"/> | Requested End Date (YYYYMMDD): | <input type="text"/> |

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## Section IV: Vehicle Information (If Applicable)

|                |                      |                       |                      |                      |                      |
|----------------|----------------------|-----------------------|----------------------|----------------------|----------------------|
| Vehicle Make:  | <input type="text"/> | Vehicle Model:        | <input type="text"/> | Vehicle Year:        | <input type="text"/> |
| Vehicle Color: | <input type="text"/> | License Plate Number: | <input type="text"/> | License Plate State: | <input type="text"/> |

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## Section V: Acknowledgement and Signatures

By signing below, the visitor and sponsor acknowledge that they are subject to all base regulations, consent to the search of their person and vehicle while on the installation, and certify that all information provided is true and accurate.

|                                  |                      |       |                      |
|----------------------------------|----------------------|-------|----------------------|
| Visitor Signature (Sign in Ink): | <input type="text"/> | Date: | <input type="text"/> |
| Sponsor Signature (Sign in Ink): | <input type="text"/> | Date: | <input type="text"/> |

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## Section VI: Security Office Use Only

|                                   |                      |                                |                      |
|-----------------------------------|----------------------|--------------------------------|----------------------|
| Processing Officer (Last, First): | <input type="text"/> | Officer Signature:             | <input type="text"/> |
| NCIC/Background Check:            | <input type="text"/> | Pass Status (Approved/Denied): | <input type="text"/> |
| Issued Pass Card Number:          | <input type="text"/> | Date Issued:                   | <input type="text"/> |

