

| Agent Letter Application | | DATE: _____ | | |
|--|--|--------------------|-----------------|---------|
| AUTHORITY: AFI 36-3026 & AFI 34-211; DoD Instruction 1330.17& 1330.21 | | | | |
| PRINCIPAL PURPOSE: Used for requesting and issuing Agent/Assistance Letters for authorized patrons with unlimited access to Exchange and DeCA facilities in extreme hardship cases, when no adult member is capable of shopping due to injury, illness, incapacitated or stationed away from their household. | | | | |
| MILITARY MEMBER/DEPENDANT (PRINT ALL INFORMATION) | | | | |
| SPONSOR: (print full name) | FULL SSN | RANK/PAY GRADE | | |
| BRANCH OF SERVICE | ID CARD EXPIRATION DATE | Date of Separation | | |
| Duty Station/Residential Address | Circle all that apply: | | | |
| | Active Duty <input type="checkbox"/> ANG <input type="checkbox"/> RES <input type="checkbox"/> Retired <input type="checkbox"/> Civ | | | |
| | Other: (specify) | | | |
| | Primary | Alternate | | |
| PHONE NUMBER: | | | | |
| EMAIL ADDRESS: | | | | |
| REASON FOR REQUEST: | | | | |
| | | | | |
| DEPENDANTS | | | | |
| | NAME | AGE | DOB | Address |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| AGENT/ASSISTANT INFORMATION: (please print and fill in all information) | | | | |
| NAME | SOCIAL SECURITY NUMBER | DATE OF BIRTH | | |
| | | | | |
| Drivers Licenses Number | Primary | | Alternate | |
| | Work | Cell | | |
| PHONE NUMBER: | | | | |
| EMAIL ADDRESS: | | | | |
| MAILING ADDRESS: | | | | |
| | Read/Sign | | | |
| | By signing this form I consent to the 36 Security Forces and grant permission to complete background history check on me to ensure that I am favorable for escorted and/or unescorted access Andersen AFB. | | | |
| | Sponsor Signature | Date | Agent Signature | Date |
| | | | | |

PRIVACY ACT STATEMENT: AUTHORITY: Title 5 USC Section 301, Departmental Regulation

Principle Purpose: To record personal information and determine access to the installation

ROUTINE PURPOSE: To request and record the issuance of a Visitor Pass when the use of another form is not authorized or specified. Failure to provide any information requested may result in non-issuance of the Visitor Pass. Disclosure of information is voluntary acceptance of these terms constitutes approval for a background check to be conducted as part of the request approval process. The information is necessary for validation of identity and determination of entry eligibility on to Andersen Air Force Base. Failure to provide this information may result in non-issuance determination by the issuing authority