



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 36TH WING (PACAF)  
ANDERSEN AIR FORCE BASE GUAM**

## Foreign National Access Request Form

**Date Approved:** \_\_\_\_\_

Contractor Request

**APPROVED BY:** \_\_\_\_\_ **CONTRACT TRACKING #:** \_\_\_\_\_ **FVR NUMBER:** \_\_\_\_\_

PROJECT COORDINATOR		CONTRACTING OFFICER			
First Name					
Last Name:					
Contact Phone Number:					
Email Address:					
Organization:					
Visitor's intended location on Andersen:					
	Visitor 1	Visitor 2	Visitor 3	Visitor 4	
First Name:					
Last Name:					
Date of Birth:	____ / ____ / ____ <small>DD / MMM / YYYY</small>	____ / ____ / ____ <small>DD / MMM / YYYY</small>	____ / ____ / ____ <small>DD / MMM / YYYY</small>	____ / ____ / ____ <small>DD / MMM / YYYY</small>	____ / ____ / ____ <small>DD / MMM / YYYY</small>
Country of Citizenship:					
Identification Type	<input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Other: _____
Occupation:					
Place of Employment:					
Relationship to Escort:					
How long is your stay on Andersen AFB?	From: ____ / ____ / ____ <small>DD / MMM / YYYY</small> To: ____ / ____ / ____ <small>DD / MMM / YYYY</small>	From: ____ / ____ / ____ <small>DD / MMM / YYYY</small> To: ____ / ____ / ____ <small>DD / MMM / YYYY</small>	From: ____ / ____ / ____ <small>DD / MMM / YYYY</small> To: ____ / ____ / ____ <small>DD / MMM / YYYY</small>	From: ____ / ____ / ____ <small>DD / MMM / YYYY</small> To: ____ / ____ / ____ <small>DD / MMM / YYYY</small>	From: ____ / ____ / ____ <small>DD / MMM / YYYY</small> To: ____ / ____ / ____ <small>DD / MMM / YYYY</small>
Purpose of visit to Andersen?					
Address while on Guam:	_____ <small>Street</small> _____, Guam _____ <small>City Zip</small>	_____ <small>Street</small> _____, Guam _____ <small>City Zip</small>	_____ <small>Street</small> _____, Guam _____ <small>City Zip</small>	_____ <small>Street</small> _____, Guam _____ <small>City Zip</small>	_____ <small>Street</small> _____, Guam _____ <small>City Zip</small>

**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.