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

MEMORANDUM FOR 36 SFS/S5B

FROM: (Rank/Name)_____

        (Unit/Squadron)_____

SUBJECT: **ANDERSEN AFB SPECIAL EVENT PASS REQUEST**

AUTHORITY: 10 USC 8013, 44 USC 3101, and EO 9397 **PRINCIPAL PURPOSE: To record personal information to determine access to the installation** **ROUTINE USES: None** **DISCLOSURE IS VOLUNTARY: Failure to disclose the requested information may result in denial of entry onto the installation**	
EVENT: (i.e. birthday party)	
LOCATION or ADDRESS:	
DATE(S):	**START/**　　　　　　　　　**END/**
START TIME: (*i.e. 0500 or 24/7*)	
END TIME (*i.e.1900 or 24/7*)	
POINT OF CONTACT (POC):	NAME:　　　　　　　　　RANK:
SQ/UNIT:	□ Active Duty　□ Guard/Reserve　□ Retired　□ Civilian　□Other
CONTACT INFO:　PHONE:	EMAIL:

In order to ensure your guests are authorized entry to the base, this request must be processed at 36 SFS Pass & ID/Bldg 2403 **(5-7) DUTY DAYS PRIOR TO THE EVENT**. Pass & ID may be contacted Mon-Fri 0800-1600, 366-5650/51/52/53 or 36sfs.vcc@us.af.mil to check the status of your request. All guests 16 years of age and older must be listed on this request with complete DOB, in order to be authorized base access. Guest above the age of 16 are required to provide full SSN. A background check will be completed on all of your guests, prior to base access. **NO EXCEPTIONS.** Requester is responsible for all guests while on AAFB property. Guest will proceed directly through the installation main gate to the location of the event. Failure to comply with the may result in an **Escort Violation**. Approval of unescorted entry does not constitute permission for guest to tour the installation. Violators will be processed appropriately.

By signing below, I have read the above and agree to the information and terms prescribed by Andersen AFB.	
DATE	Signature Required:

Advise your guests and their passengers of the following required criteria to enter Andersen Air Force Base. To avoid any unnecessary delays, ensure they arrive at the gate in ample time to verify their documents (Drivers License, Vehicle Registration and Vehicle Insurance). Guest with <u>unfavorable</u> backgrounds may not be allowed access to Andersen AFB.

Unit Commander/First Sergeant or designee:	
PRINT NAME:	
DATE	Signature Required:

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RN	REQUEST TYPE QH/QR	III REQUESTER	DATE OF REQUEST	SUBJECT LAST, FIRST MI	FBI	DOB YYYY-MM-DD	SSN 123-45-6789	PUR CODE C/ J/ F/ H/ D	SPECIFIC REASON FOR III REQUEST LIST ASSOCIATED INVESTIGATION AND INDICATE IF QUERY MADE AT TIME OF ARREST
1	QH							C	MG-Base Access
2	QH							C	MG-Base Access
3	QH							C	MG-Base Access
4	QH							C	MG-Base Access
5	QH							C	MG-Base Access
6	QH							C	MG-Base Access
7	QH							C	MG-Base Access
8	QH							C	MG-Base Access
9	QH							C	MG-Base Access
10	QH							C	MG-Base Access
11	QH							C	MG-Base Access
12	QH							C	MG-Base Access
13	QH							C	MG-Base Access
14	QH							C	MG-Base Access
15	QH							C	MG-Base Access
16	QH							C	MG-Base Access
17	QH							C	MG-Base Access
18	QH							C	MG-Base Access
19	QH							C	MG-Base Access
20	QH							C	MG-Base Access
21	QH							C	MG-Base Access
22	QH							C	MG-Base Access
23	QH							C	MG-Base Access
24	QH							C	MG-Base Access
25	QH							C	MG-Base Access
26	QH							C	MG-Base Access
27	QH							C	MG-Base Access
28	QH							C	MG-Base Access
29	QH							C	MG-Base Access
30	QH							C	MG-Base Access