



A Contractors Guide to Installation Access

A wide-angle photograph of a coastal sunset. The sky is filled with warm, orange, and yellow hues, transitioning into a darker blue at the top. The horizon shows a sandy beach meeting a calm sea. In the background, there are green hills or mountains. The overall atmosphere is peaceful and scenic.

36th Security Forces Squadron/S5B



Overview



- ❖ Hours of Operation
- ❖ How to Sponsor
- ❖ Approved IDs
- ❖ Authorized Signature List Memo
- ❖ Use of Contracts
- ❖ Base Access Request (BAR)
- ❖ Base Access List (BAL)
- ❖ Foreign Visitor Request (FVR)



Hours of Operation



- ❖ The Visitor Control Center (Bldg. 14615) is located adjacent to the North Gate.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0600-1400	0600-1400	0600-1400	0600-1400	0600-1100, 1100-1200 (lunch) 1200-1400	0800-1100, 1100-1200 (lunch) 1200-1600	Closed

- ❖ The Pass and ID Office (Bldg. 2403) is located adjacent to the Main Gate.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0800-1600	0800-1600	0800-1600	0800-1600	0800-1600	Closed	Closed

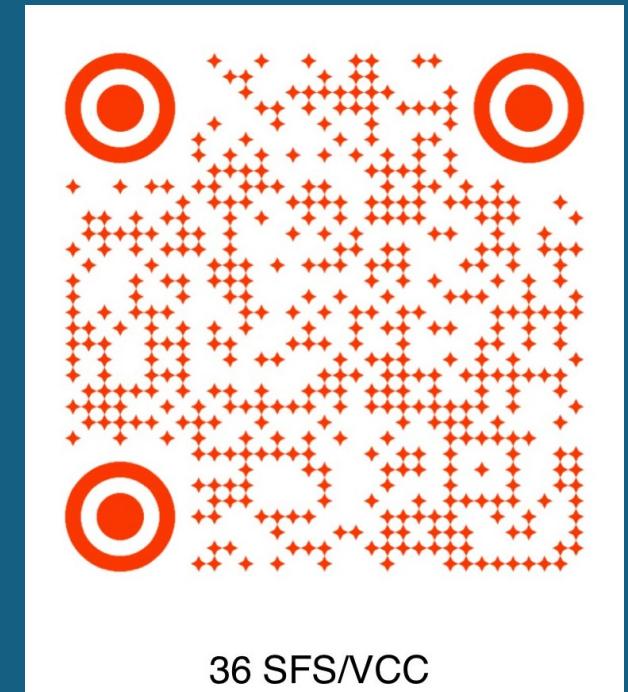
- ❖ Pass and ID (366-5650) is where all contracts and requests will be dropped off and processed, as well as where tracking numbers are first given.
- ❖ VCC (366-5477) is where passes will be picked up after contracts or request have been fully processed



How to Sponsor Guests On Base



- ❖ Proceed to the VCC (North gate) with sponsor and all visiting guest
- ❖ Ensure sponsor is present with their CAC card
- ❖ Guest will have Real ID and SSN ready to go
- ❖ **NOTE: We recommend sponsor's use the provided QR Code to get a head start for their visitors. Also, all forms can be found on the QR Code's site.**



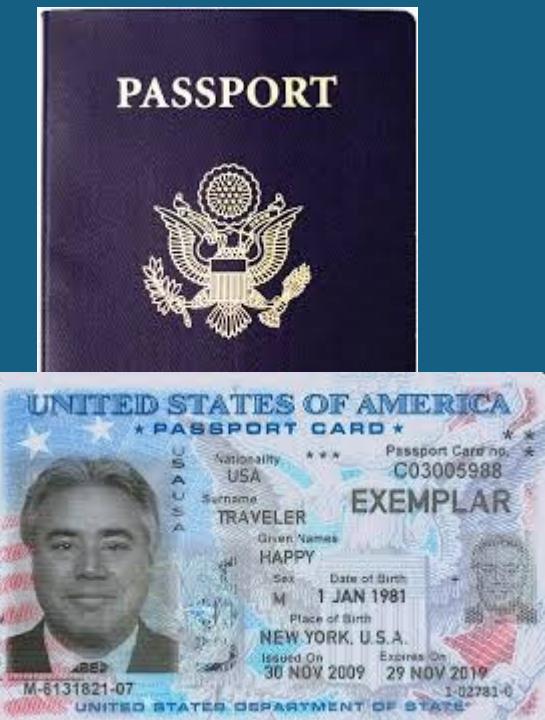


Approved IDs

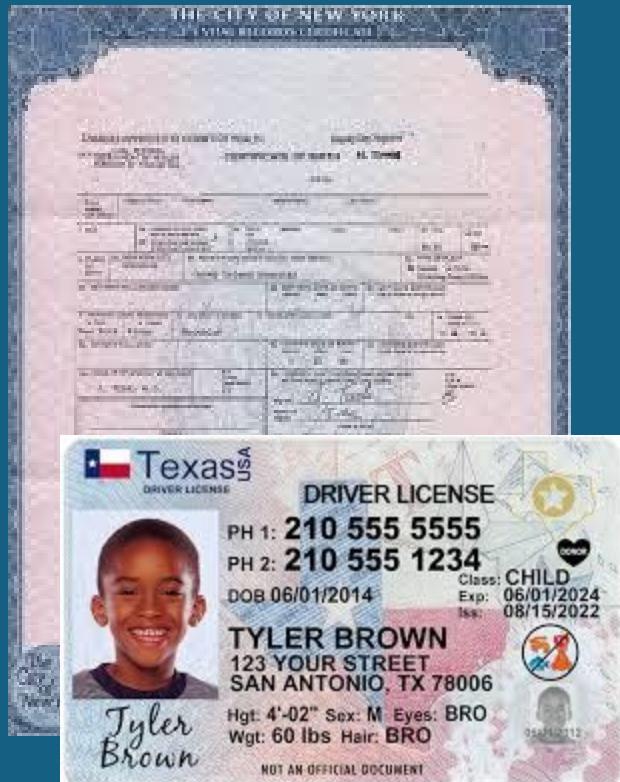
Real IDs



U.S., FSM, Marshal Islands,
and Palau Passports



Drivers Licenses with a
Birth Certificate





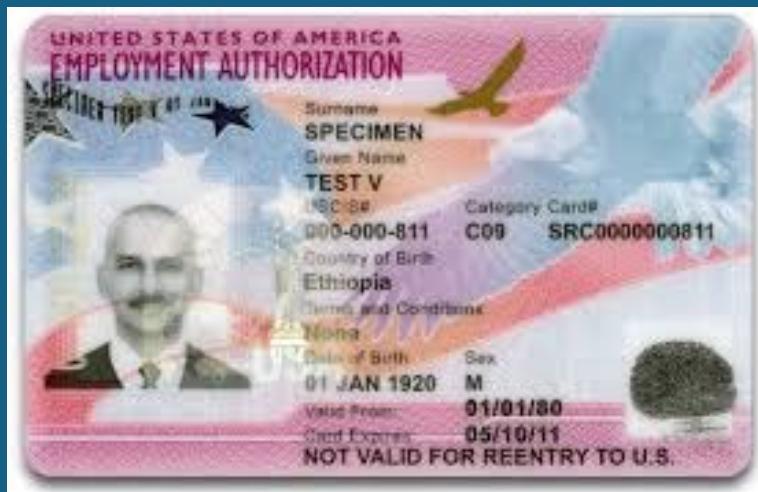
Approved IDs Continued



Green Card



Employment Authorization Card



Naturalization Certificate





Authorized Signature Listing



- ❖ The following individuals are authorized to request base passes for contracts.
- ❖ Must be signed digitally and wet to match with all Base Access Request.
- ❖ This signature list is valid during the same calendar year and required to be renewed annually.
- ❖ Needs to be signed wet or digitally by commander or designee.



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

DATE

MEMORANDUM FOR 36 SFS/S5B

FROM: YOUR AGENCY AND/OR COMPANY

SUBJECT: Authorization to Approve Base Passes for COMPANY NAME

1. The following individuals are authorized to request base passes:

NAME	DIGITAL SIGNATURE WITH DOD ID #	WET SIGNATURE AND DATE	OFFICE SYMBOL	CONTACT NUMBER

2. Note: Please be advised that if you attach a wet signature to a Contract Memo / Base Access List (BAL) it must be accompanied by your Printed Name, DoD ID number, and Contact information.
3. The use of this info will be for the Visitor Control Center (VCC) active sponsor for contractor personnel.
4. This signature list is valid during the same calendar year and required to be renewed annually. This current supersedes the previous memorandum on file. If you have any questions, please contact ADD POC at ADD PHONE NUMBER AND EMAIL ADDRESS.

NEEDS TO BE SIGNED WET OR
DIGITALLY BY COMMANDER OR
DESIGNEE
///AUTHORIZED SIGNATURE///



Use of Contracts



- ❖ Contracts are used by companies or squadrons to gain access to AAFB for work related reasons.
- ❖ Paperwork will be completed by company or squadron and hand delivered to the Pass and ID Office (Bldg. 2403)
- ❖ Tracking numbers will be provided once paperwork is accepted.
- ❖ Contracts cannot exceed 1 year.
- ❖ Any approving official signing off on any contract **MUST** be on an Authorized Signature List. **(If wet signed, must have DoD ID#)**
- ❖ Allow **5-7 business days** for contract processing. Contact Pass and ID office **WITH** tracking number to see if passes are processed and ready for pick up.



Base Access Request (BAR)



- ❖ Base Access Request (BAR) will be the main way companies can get employees onto base.
- ❖ It includes a Coversheet, Interstate Identification Index (Triple III) Log , and a Base Access Affidavit.
- ❖ After all paperwork is completed, each Base Access Affidavit will be followed by photocopies of valid and accepted IDs.



Base Access Request (BAR) Cont.



- ❖ Coversheet will be the first page of any BAR.
- ❖ This will include all important information including dates, times, contact information, and verified signatures.
- ❖ An important thing to note is that times cannot conflict with each other.
- ❖ Authorized Signature must be dated and will not exceed 30 days prior to request.

Company Logo

TRACKING#	
DATE:	

Memorandum for 36 SFS/S5/VISITOR CONTROL CENTER

From: COMPANY BASE AGENCY

Subject: Request for Contractor Pass CONTRACT NUMBER AWARDED

1. The request is for Andersen Air Force Base access.

REQUESTED DATES							
START:	DD MMM YR						
END: (max 1 year)	DD MMM YR						
DAYS (check all that apply)							
<input type="checkbox"/> Su	<input type="checkbox"/> Mo	<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr	<input type="checkbox"/> Sa	<input type="checkbox"/> 24/7
TIMES ACCESS DAYS/TIMES							
START:	24 HR						
END:	24 HR						

2. The request includes the following individuals. (See Attached Log Information). Individuals listed on the Interstate Identification Index log will be issued a pass with the appropriate dates/times listed above.

3. If you have any questions or concerns, contact FIRST LAST NAME at EMAIL or PHONE NUMBER.

///COMPANY REPRESENTATIVE SIGNATURE///
PRINTED FIRST LAST NAME
TITLE
PHONE NUMBER

///AUTHORIZED SIGNATURE///
PRINTED FIRST LAST NAME
CONTRACTING OFFICER
PHONE NUMBER



Base Access Request (BAR) Cont.



RN	REQUEST TYPE QH/QR	III REQUESTER	DATE OF REQUEST	SUBJECT LAST, FIRST MI	FBI	DOB YYYY-MM-DD	SSN 123-45-6789	PASSPORT NUMBER IF SSN NOT APPLICABLE	PUR COD E 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

- ❖ Interstate Identification Index (Triple III) Log
- ❖ Information must be typed in
- ❖ **Step 1.** Fill out visitor information
- ❖ **Step 2.** Add date of birth in the YYYY-MM-DD format
- ❖ **Step 3.** Add SSN in the XXX-XX-XXXX format
- ❖ **Step 4.** Passport Number/If SSN not applicable



Base Access Request (BAR) Cont.



- ❖ Base Access Affidavit will be after Triple I (III) Log.
- ❖ All areas in blue will be filled and completed.
- ❖ EACH employee that is listed on Triple III Log will need a filled out and completed Base Access Affidavit.
- ❖ Photocopies of real and valid IDs will be followed by each affidavit.

USAF Base Access Affidavit
This data will be used to screen individuals who have or are seeking access to US Air Force installations or facilities controlled by the US Air Force. Please answer each question. Access will be denied if this questionnaire is incomplete or missing from the Contractor Access packet. This information will be used to generate state and federal criminal history records checks.

A. PERSONAL INFORMATION

1. NAME (PRINT LAST, FIRST, MIDDLE): _____ 2. EMAIL: _____
3. FULL MAIDEN NAME OR ALIAS: _____ 4. SEX: _____ 5. SSAN: _____ 6. DATE OF BIRTH: _____
7. RACE: _____ 8. HAIR COLOR: _____ 9. EYE COLOR: _____ 10. HEIGHT: _____ 11. WEIGHT: _____
12. DRIVERS LICENSE #: _____ 13. STATE: _____ 14. HOME AND CELL PHONE #: _____
15. CURRENT AND ON-ISLAND RESIDENCE ADDRESS: _____
16. CITY: _____ 17. STATE: _____ 18. ZIP CODE: _____ 19. PASSPORT #: _____

B. PLACE OF BIRTH:
CITY: _____ STATE: _____ COUNTRY: _____ CITIZENSHIP: _____

C. CRIMINAL HISTORY (Check Appropriate YES/NO Box)

1. Have you ever been barred from entry/access to any military installation or facility?
Date: _____ Installation: _____ YES NO
2. Are you wanted by federal or civilian law enforcement authorities, regardless of offense or violation?
(i.e., has a judge issued an order for your arrest)? YES NO
3. Have you ever been convicted of a firearms or explosives violation? YES NO
4. Have you ever been incarcerated for 12 months or longer? YES NO
5. Have you ever been convicted of espionage, sabotage, treason or terrorism, murder, assault, sexual assault, YES
Armed assault or robbery, rape, child molestation, drug possession, or drug distribution? YES NO

D. IMMIGRATION/WORKING STATUS (attach copies of all documentation)
Circle appropriate answer, and provide proper numbers.

3. Do you have a VISA?
A. What type of VISA? YES NO VISA #: _____
B. What Visa Classification? Immigration VISA Non-Immigration VISA
 H2 W1 B1 Other _____
4. Do you have a Form I-551 (Resident Alien/Green Card)? YES NO I-551 #: _____
5. Do you have an I-94? YES NO I-94 #: _____
6. Do you have an Employment Authorization Document or WAC? YES NO EAD/WAC #: _____
7. Do you have other Immigration Documents? (If YES, list type of document and number)
 YES NO Document & #: _____

NOTE TO APPLICANT: ATTESTATION
I attest to the fact that I have been briefed by my employer and understand the purpose for the background check. I understand the information on this form is being collected in accordance with 50 U.S.C. Section 797 and DoD 2100.8 federal laws permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access to US Air Force installations. I have voluntarily completed this "Form" and shall provide the Air Force a specimen of my fingerprints, if/when requested. I understand that by signing this application, I acknowledge that I have been made aware of and have reviewed that Air Force's list of "disqualifying factors" above. I hereby give my consent and authorization for the Air Force to conduct any additional background screenings deemed necessary over the next 12 months, to include comparing/checking my fingerprints against local, state, and federal criminal databases. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by a fine or imprisonment or both. (18 U.S.C. Section 1001)

Applicant Signature: _____ Date: _____
Office Name: _____ Office Number: _____
Processing Officer: _____



Base Access List (BAL)



- ❖ Base Access List (BAL) is used for short-term contracts that specific squadrons need.
- ❖ BALs do **NOT** need Coversheets or Triple I (III) Logs as all needed information will be listed on front of BAL as seen here.
- ❖ Base Access Affidavit will still follow as well as photocopies of real and valid IDs.

ANDERSEN AFB ACCESS LISTING REQUEST									
Base Access List (BAL)									
Authority: DoDIA 5200.09, Volume 3, AFMAN 31-101, Volume 3, Installation Parameter Access Control/Vetting and Fitness Determination Purpose: Installation Access Listing for personnel requesting access to Andersen Air Force Base (AFB) property. SSN and DOB: Are used for further profiling and vetting of an individual requesting base access. Routine Use(s): The Visitor Control Center/Base Access Office will use NAME, DOB and FULL SSN to perform fitness determination on all individuals listed in this document and issue AF Form 75 / Visitor Pass. Disclosure: Disclosure is voluntary. Failure to disclose all required information will result in that person not being allowed to enter Andersen AFB property.									
REQUESTOR: (Unit/ Squadron)		TRACKING NUMBER DATE							
SCHEDULED DATES (i.e. Feb 14 – Jul 2015)		- - -							
ACCESS (check all that apply) TIME (i.e. 24/7)		<input type="checkbox"/> Su	<input type="checkbox"/> Mo	<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr	<input type="checkbox"/> Sa	TIME
PURPOSE:									
ACCESS TO ANDERSEN AFB RESTRICTED AREAS IS PROHIBITED									
BLOCK 1. Personal Data									
#	Last Name	First Name	MI	Date of Birth (yyymmdd)	FULL Social Security Number				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
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22									
23									
24									
25									

2. Please contact (FIRST, LAST NAME) at (Duty Phone) or (email address) if you have any questions.

A large, empty rectangular box with a red border, intended for a digital signature.

//DIGITAL SIGNATURE//

The information herein is For Official Use Only (FOUO) which must be protected under Title 5, U.S.C. 552a - The Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.



Foreign Visitor Request (FVR)



- ❖ Foreign Visitor Request (FVR) are specifically for Foreigners who do not have any U.S. IDs
- ❖ Company will fill out FVR for the employees.



Foreign Visitor Request (FVR) Cont.



- ❖ **Step 1:** Project Coordinator and Contracting Officer will fill in their own information as listed
- ❖ **Step 2:** Each visitor's information will be placed in required areas.
- ❖ If multiple visitors are foreigners, fill each slot till the fourth visitor BEFORE starting a new FVR sheet.
- ❖ Ensure it's in alphabetical order. MUST be typed, **NOT** handwritten.
- ❖ Proper photocopies must be included such as , Passports, Visas, Labor IDs (H2), 797-A, and updated I-94.

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

Foreign National Access Request
Form
Contractor Request

Date Approved: _____	APPROVED BY: _____	CONTRACT TRACKING #: _____	FVR NUMBER: _____	
	PROJECT COORDINATOR	CONTRACTING OFFICER		
First Name:				
Last Name:				
Contact Phone Number:	1			
Email Address:				
Organization:				
Visitor's intended location on Andersen:	Visitor 1	Visitor 2	Visitor 3	
First Name:	2			
Last Name:				
Date of Birth:	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	
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: _____
Occupation:				
Place of Employment:				
Relationship to Escort:				
How long is your stay on Andersen AFB?	From: DD / MM / YYYY To: DD / MM / YYYY	From: DD / MM / YYYY To: DD / MM / YYYY	From: DD / MM / YYYY To: DD / MM / YYYY	
Purpose of visit to Andersen?				
Address while on Guam:	Street: _____ City: _____, Guam _____	Street: _____ City: _____, Guam _____	Street: _____ City: _____, Guam _____	
<small>PRIVACY ACT STATEMENT- AUTHORITY: Title 4 USC Section 3601, Departmental Regulation Principal 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. Decisions 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 the Andersen Air Force Base. Failure to provide this information may result in non-issuance determination by the issuing authority.</small>				



Questions?

For assistance during duty hours,
call us at 366-5650 (Pass and ID) or
366-5477 (Visitor Control Center).

For concerns after hours, please
call 362-4638.