



# A Contractors Guide to Installation Access

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.**





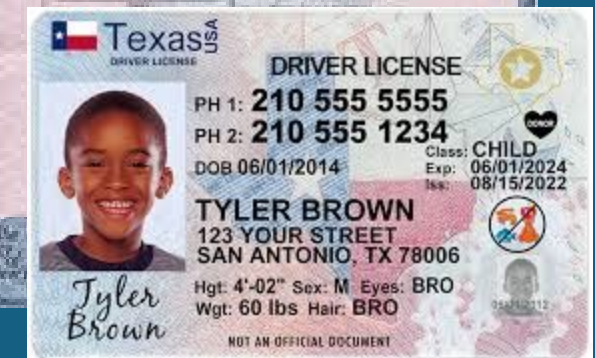
# Approved IDs



Real IDs

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

Drivers Licenses with a  
Birth Certificate







# 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

- 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.
- The use of this info will be for the Visitor Control Center (VCC) active sponsor for contractor personnel.
- 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:	<b>DD MMM YR</b>
END: (max 1 year)	<b>DD MMM YR</b>
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:	<b>24 HR</b>
END:	<b>24 HR</b>

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 I/ 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			★1		★2			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						★3		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							★4	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 ☐ NO ☐  
Armed assault or robbery, rape, child molestation, drug possession, or drug distribution?

**D. IMMIGRATION/WORKING STATUS (attach copies of all documentation)**

Circle appropriate answer, and provide proper numbers.

3. Do you have a VISA? YES ☐ NO ☐ VISA # \_\_\_\_\_  
A. What type of VISA? Immigration VISA ☐ Non-Immigration VISA ☐  
B. What VISA Classification? 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? YES ☐ NO ☐ Document & # \_\_\_\_\_  
(If YES, list type of document and number)

**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 DoDD 3200.8 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)					
<small>Authority: DoDM-52000.08, Volume 3, AFMAN 31-101, Volume 3, Installation Perimeter Access Control/Vetting and Fitness Determination Purpose: Installation Access Listing for personnel requesting access to Andersen AFB (AAFB). SSN and DOB: Are used for further proofing 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 an 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.</small>					
REQUESTOR: (Unit/ Squadron)		TRACKING NUMBER			
SCHEDULED DATES (i.e. Feb14 - Jul 2015)		DATE			
ACCESS (check all that apply)/TIME (i.e. 24/7)		Su Mo Tu We Th Fr Sa TIME			
PURPOSE:					
***ACCESS TO ANDERSEN AFB RESTRICTED AREAS IS PROHIBITED***					
BLOCK I. Personal Data					
#	Last Name	First Name	MI.	Date of Birth (yyyymmdd)	FULL Social Security Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

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

//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: \_\_\_\_\_ CONTRACT TRACKING #: \_\_\_\_\_ FVR NUMBER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

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

PRIVACY ACT STATEMENT: AUTHORITY: Title 5 USC Section 552, Departmental Regulation  
Principal Purpose: To record personal information and determine access to the facilities.  
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.



# 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.**