



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:	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY
Country of Citizenship:				
Identification Type	☐ Passport ☐ I-94 ☐ U.S. Visa ☐ Other:_____	☐ Passport ☐ I-94 ☐ U.S. Visa ☐ Other:_____	☐ Passport ☐ I-94 ☐ U.S. Visa ☐ Other:_____	☐ Passport ☐ I-94 ☐ U.S. Visa ☐ Other:_____
Occupation:				
Place of Employment:				
Relationship to Escort:				
How long is your stay on Andersen AFB?	From: DD / MMM / YYYY To: DD / MMM / YYYY	From: DD / MMM / YYYY To: DD / MMM / YYYY	From: DD / MMM / YYYY To: DD / MMM / YYYY	From: DD / MMM / YYYY To: DD / MMM / YYYY
Purpose of visit to Andersen?				
Address while on Guam:	Street _____, Guam City Zip	Street _____, Guam City Zip	Street _____, Guam City Zip	Street _____, Guam City Zip

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.