



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

Foreign National Access Request
Form

APPROVED BY: _____ Date Approved: _____ FVR NUMBER: _____

	SPONSOR (AD, Guard, Res, Civ)		SECONDARY SPONSOR (Dependent, AD, Guard, Res, Civ)	
First Name				
Last Name:				
Date of Birth:	DD / MMM / YYYY	RANK	DD / MMM / YYYY	RANK
Contact Phone Number:				
SSN:				
Organization:				
Home Address:	Street City, Guam ZIP		Street City, Guam ZIP	
Visitor's intended location on Andersen:				
	Visitor 1	Visitor 2	Visitor 3	
First Name:				
Last Name:				
Date of Birth:	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: _____	
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	
Purpose of visit to Andersen?				
Address while on Guam:	Street City, Guam Zip		Street City, Guam 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.