



**DEPARTMENT OF THE AIR FORCE
HEADQUARTERS, 36TH WING (PACAF)
UNIT 14003, APO AP 96543-4003**

Date: _____

MEMORANDUM FOR 36 SFS/S5B

FROM: (RANK/NAME) _____
(UNIT/Squadron) _____

SUBJECT: **Special Purpose Pass**

1. I am requesting a DBIDS or AF Form 75, Base Pass, for:

Full Name(s):	SSAN:	DOB:	CHECK OR CIRCLE
			<input type="checkbox"/> UNESCORTED / <input type="checkbox"/> ESCORTED
			<input type="checkbox"/> UNESCORTED / <input type="checkbox"/> ESCORTED
			<input type="checkbox"/> UNESCORTED / <input type="checkbox"/> ESCORTED
			<input type="checkbox"/> UNESCORTED / <input type="checkbox"/> ESCORTED
			<input type="checkbox"/> UNESCORTED / <input type="checkbox"/> ESCORTED
			<input type="checkbox"/> UNESCORTED / <input type="checkbox"/> ESCORTED
REQUESTOR'S ADDRESS:			

2. Justification for this special purpose pass is for the following reasons:

3. Inclusive Dates: From: _____ To: _____.

4. I acknowledge the following: If approved this letter authorizes the sponsorship on to Andersen AFB via the DBIDS pass or the AF Form 75. As the sponsor, I assume sole responsibility to ensure all directives are followed and accept full responsibility for the actions of my visitor(s). I will ensure the visitor is briefed that deviations from intended route and/or purpose will result in immediate termination of the pass and removal from the installation. All visitors will be proofed and vetted by the 36 SFS/S5B. Direct any question to Pass & ID at 366-5477/33.

Requestor: _____	First Shift/Commander _____	Housing Official (if applicable) _____
Print: _____	Print: _____	Print: _____
Sign: _____	Sign: _____	Sign: _____
Phone: _____	Phone: _____	Phone: _____

-----Office Use Only-----

36 SFS/S5B OFFICE USE ONLY
DATE:
VETTED BY:

PRINT/SIGN