



# JBER NON-OFFICIAL FOREIGN VISITOR WORKSHEET



### PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the information collected and how it will be used. Please read it carefully.  
 AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3101; and EO 9397  
 PRINCIPAL PURPOSES: Used to record information and details of criminal activity which may require investigative action by commanders, supervisors, security police, AFOSI special agents, etc.; and to provide information to appropriate individuals within DoD organizations who ensure proper legal and administrative action is taken.  
 ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement/investigative authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.  
 DISCLOSURE IS VOLUNTARY: Refusal to provide will result in denial of pass and access to JBER.

**DATE:** \_\_\_\_\_ **NOTE: This NOFV Request can take up to four (4) weeks to be approved.**

**NOTE 2: The below information is required IAW AFMAN 31-113 PACAFSUP**

## FOREIGN VISITOR

Name (Sir/Last, First, MI): _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Exchange Student Fam Care Plan Mem
Date of Birth: _____	Citizen of: _____	Relationship to Sponsor: _____
Passport Num: _____	VISA Control Num (if have one) _____	
Permanent _____	Local _____	
Address: _____	Address: _____	

## SPONSOR/ESCORT [If NOFV is not exempt (see pg 2), sponsor must be Mil or DoD Civ CAC holder]

Name, Grade: _____	Unit: _____	DoD Status:		
		AD	NG	Res
		Ret	Dep	Civ
Address: _____	Home phone: _____	Service:		
		USA	USAF	USCG
		USMC	USN	USPHS
			RCAF	
		Duty phone: _____		

## ALTERNATE ESCORT (Suggested, not required) [Must be Mil issued ID holder, 18 yrs or older]

Name, Grade: _____	Unit: _____	DoD Status:		
		AD	NG	Res
		Ret	Dep	Civ
Address: _____	Home phone: _____	Service:		
		USA	USAF	USCG
		USMC	USN	USPHS
			RCAF	
		Duty phone: _____		

I, (Sponsor's Name) \_\_\_\_\_, hereby take responsibility for my foreign visitor, (Visitor Name) \_\_\_\_\_, and request that they be granted access to JBER from (Date) \_\_\_\_\_ until (Date) \_\_\_\_\_, escorted at all times by myself or my alternate.

Explanation of **NEED** for access: (Failure to provide DETAILED explanation may result in Pass denial)

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Sponsor	Alternate	As sponsor/escort, I am responsible for: (Initial at left for each statement)
_____	_____	Ensuring that I, or my alternate, are with my foreign visitor at <b>ALL TIMES</b> while on JBER. (Exception for endorsed FCP/FES)
_____	_____	The conduct of my visitor while on JBER.
_____	_____	Ensuring my visitor is aware of regulations and guidelines pertaining to safety, security, and restricted/controlled areas of JBER.
_____	_____	Ensuring my visitor is aware that <b>ALL</b> individuals can be cited, detained, and/or removed from the installation for any violations.
_____	_____	Ensuring my visitor is aware that they are <b>NOT</b> authorized to sponsor or escort others onto JBER.
_____	_____	Notifying the 673 CES/Aurora Housing Office of <b>ANY</b> visitor staying in my housing unit longer than 30 days.

I, and my alternate (if applicable), have read and understand the above responsibility statements.

Primary Sponsor/Escort: \_\_\_\_\_ Signature: \_\_\_\_\_

Alternate Escort: \_\_\_\_\_ Signature: \_\_\_\_\_

**Senior Leadership Endorsement (i.e. First Sergeant, CC)**

This endorsement signifies that the sponsor listed above has made notification to unit leadership that they intend to sponsor/escort a foreign national onto JBER for a non-official visit.

Name, Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**//////////////////////////////////// 673 SFS & MSG ONLY BEYOND THIS POINT //////////////////////////////////////**

**673 SFS, Base Access Review**

- |                                                                              |                                   |           |
|------------------------------------------------------------------------------|-----------------------------------|-----------|
| 1) Did sponsor provide copy of passport and VISA (if applicable)?            | <b>YES</b>                        | <b>NO</b> |
| 2) Is the NOFV from a country on the DCL?                                    | <b>YES</b> (endorsement required) | <b>NO</b> |
| 2a) Is the NOFV an immediate family member? (refer to AFMAN 31-113 PACAFSUP) | <b>YES</b> (exempt)               | <b>NO</b> |
| 3) Is the NOFV a Foreign Exchange Student or Family Care Plan Member?        | <b>YES</b> (endorsement required) | <b>NO</b> |

**\*NOTE\* Must also provide a copy of:**  
- Foreign Exchange paperwork or Family Care Plan  
- Letter from housing authorizing occupancy

**673 MSG/CC Endorsement required**

Reviewed on: (Date) \_\_\_\_\_,

by: (Name, Grade) \_\_\_\_\_

Signature: \_\_\_\_\_

STAMP

**If 673 MSG/CC endorsement is required, the sponsor MUST be Mil or Dod Civ (CAC) IAW AFMAN 31-113 PACAFSUP**

**673 MSG/CC Endorsement**

I have reviewed the request for \_\_\_\_\_ to have:

Escorted access to JBER as an NOFV from a country on the PACAF DCL

Unescorted access to JBER as an NOFV for Family Care Plan and/or Exchange Student

On this date, \_\_\_\_\_, this request has been:

Approved

Disapproved

Colonel, USAF  
Commander,