



JBER LONG TERM VISITOR DBIDS ID 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 DBIDS ID and access to JBER.

DATE: _____

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

VISITOR: Name: _____	Relationship: _____
Home Address: _____	DL #: _____ St: _____
_____	Date of Birth: _____

I wish my visitor to receive a JBER Long Term Visitor Pass until **(Date)** _____, with access on the following days: M T W T F S S , during the hours of: **(Specify)** _____ - _____ hrs.

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

Sponsor	Visitor	As sponsor, I am responsible for: (Read & Initial at left of each statement)
_____	_____	The conduct of my visitor while on JBER.
_____	_____	Ensuring my visitor is aware that ALL vehicles on JBER are subject to search. Current registration and proof of insurance is required.
_____	_____	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 <u>ALL</u> individuals on JBER can be cited, detained, and/or removed from the installation for any violations.
_____	_____	Ensuring my visitor is aware that they are NOT authorized to sponsor or escort others onto JBER.

I, and my visitor, have read and understand the above responsibility statements.

Sponsor Signature: _____ **Visitor Signature:** _____

Aurora Housing Office (base residents) notification of any visitor staying in housing longer than 30 days.

Print: _____ Signature: _____

E-6/GS-6 (or eq.) and below: Unit 1st Sgt/CC, or Civ equivalent, approval/endorsement **(N/A for Retirees)**.

Print: _____ Signature: _____

******* 673 Security Forces Squadron only use ONLY *******

Reviewed & Approved by:

Name: _____ Signature: _____