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

AU HINGHY: 10 U.S.C. S.101; 41 U.S.C. S101; and EU 5939/
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: Non-U.S. citizens cannot be processed with this Worksheet. | | |
|---|--------------------------|--|-------------------|-------------------|
| | VISITOR | They must be processed on a Non-Official | l Foreign Visitor | <u>Worksheet.</u> |
| | Name (Sur/Last, First, N | MI): Gen | der: M | F |
| REQUIRED | Date of Birth: | | | |
| | | State of Issue: | | |
| EQ | Addresses Home: | | | |
| | | | | |
| | SPONSOR | | | |
| | Name, Grade: | Unit: | Status: | AD Civ |
| REQUIRED | Address: | Contact (at least one required) | G/R Service: | Dep Ret |
| OUI | | Phone: | | USAF USN |
| RB | | email: | | USSF USMC |
| | | | USG | CG USPHS |
| Specific Days and/or Times (optional): S M T W T F S Hrs: Explanation of NEED for access to JBER (Lack of explanation may result in disapproval) | | | | |
| As s | ponsor, I am responsib | le for ensuring: | | |
| My visitor is aware that ALL vehicles on JBER are subject to search. Current registration and proof of insurance is required. My visitor is aware of installation regulations and that <u>ALL</u> individuals may be cited and/or removed from the installation for violation. | | | | |
| My visitor is aware that they are <u>NOT</u> authorized to sponsor or escort others onto the installation. | | | | |
| 673 CES/Aurora Housing Office is notified of <u>ANY</u> visitor staying in unit longer than 30 days. | | | | |
| - | nsor's | Visitor's | | |
| | Signature: | Signature: | | |
| ====================================== | | | | |
| Review Completed | | | | |
| | Date: | | | |
| | Ву: | Signature: | | |

LTVW 1 December 2023