



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 pass and access to JBER.



DATE: _____

**NOTE: Non-U.S. citizens cannot be processed with this Worksheet.
They must be processed on a Non-Official Foreign Visitor Worksheet.**

VISITOR

REQUIRED

Name (Sur/Last, First, MI): _____ Gender: M F
Date of Birth: _____ Driver's License #: _____
Addresses State of Issue: _____
Home: _____ Local: _____

NOTE: Must present a REAL ID compliant identification or authorized alternate forms as specified at <https://www.jber.jb.mil/Info/Base-Access/>. If unable, LTV cannot be approved.

SPONSOR

REQUIRED

Name, Grade: _____ Unit: _____
Address: _____ Contact (at least one required)
Phone: _____
email: _____

Status:	AD	Civ	
	G/R	Dep	Ret
Service:	USA	USAF	USN
	RCAF	USSF	USMC
	USCG	USPHS	

VISIT DATES: _____ until _____

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 sponsor, I am responsible 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 **ALL** individuals may be cited and/or removed from the installation for violation.
- My visitor is aware that they are **NOT** authorized to sponsor or escort others onto the installation.
- 673 CES/Aurora Housing Office is notified of **ANY** visitor staying in unit longer than 30 days.

Sponsor's Signature: _____

Visitor's Signature: _____

673 SFS ONLY BEYOND THIS POINT

<u>Review & Approval/Disapproval</u>	APPROVED	DISAPPROVED
Date: _____		
By: _____	Signature: _____	