



# 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 1: NOFV access requests may take up to 30 calendar days for processing**

**NOTE 2: Escort required unless endorsement approved by installation authority**

## FOREIGN VISITOR

<b>REQUIRED</b>	Name (Sur/Last, First, MI): _____		Gender: _____	Exchange Student
			M F	Fam Care Plan
	Date of Birth: _____	Citizenship: _____		
	Other Citizenship? Y N Where: _____			
	Passport #: _____	VISA Cntrl # (if have one): _____		
	Phone #: _____	eMail Address: _____		
	Addresses			
	Home: _____		Local: _____	
	_____		_____	

## SPONSOR/ESCORT (MUST be DoD issued ID card holder, 18 years or older; excluding Contr CAC)

<b>REQUIRED</b>	Name, Grade: _____ Unit: _____		Status:	AD	Civ
			G/R	Dep	Ret
	Address: _____		Service:		
	Contact (at least one required)				
	Phone: _____		USA USAF USN		
	.mil email: _____		RCAF USSF USMC		
			USCG USPHS		

## ALTERNATE ESCORT (MUST be DoD issued ID card holder, 18 years or older; excluding Contr CAC)

<b>OPTIONAL</b>	Name, Grade: _____ Unit: _____		Status:	AD	Civ
			G/R	Dep	Ret
	Address: _____		Service:		
	Contact (at least one required)				
	Phone: _____		USA USAF USN		
	email: _____		RCAF USSF USMC		
			USCG USPHS		

VISIT DATES: \_\_\_\_\_ until \_\_\_\_\_

Limited to 60 day pass unless endorsed for extended/unescorted access on page 2.

**Explanation of NEED for access to JBER (Lack of DETAILED explanation may result in disapproval)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## As sponsor/escort, I am responsible for ensuring:

- The NOFV is escorted by myself, or the identified Alternate, at **ALL TIMES** while on JBER (unless endorsed for unescorted access)
- The NOFV is aware of installation regulations and that **ALL** individuals may be cited and/or removed from the installation for violation.
- The NOFV 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/Escort

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

Alternate

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

**CUI**

**SENIOR LEADERSHIP ENDORSEMENT (i.e. CC or 1st Sergeant)**

The listed sponsor's unit senior leadership, and respective Security Manager(s), have been notified of the in visit of a Non-Official Foreign Visitor to JBER.

The below signature signifies that unit senior leadership endorses approval of the requested foreign visit.

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

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

**===== 673 SFS ONLY BEYOND THIS POINT =====**

**673 SFS, Base Access Review**

- |   |                   |                                    |
|---|-------------------|------------------------------------|
| 1) Did sponsor provide NOFV's passport?<br>(Make copy of passport)                                  | YES               | NO (Cannot process)                |
| 2) Did sponsor provide NOFV's VISA (if applicable)<br>(Make copy of VISA)                           | YES               | NO                                 |
| 3) Is NOFV a: (NOTE: If YES, installation leadership endorsement is required for Unescorted access) |                   |                                    |
| Foreign Exchange Student  | YES (Complete 3a) | NO                                 |
| or  |                   |                                    |
| On a Family Care Plan   | YES (Complete 3a) | NO                                 |
| 3a) Was a copy of Foreign Exchange Student<br>agreement or Family Care Plan provided?               | YES               | NO (If 3 is YES,<br>cannot proess) |

**Endorsement below required**

**Review Completed**

Date: \_\_\_\_\_

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

**EXTENDED STAY & UNESCORTED ACCESS ENDORSEMENT**

Upon review of the Non-Official Foreign Visitor request, and pertinent supporting documents, the request for extended stay with unescorted access to JBER for the time period indicated in this request is hereby:

**APPROVED**

**DISAPPROVED**

**DATE:** \_\_\_\_\_

Commander,

**CUI**