



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR MOBILITY COMMAND
JOINT BASE MCGUIRE-DIX-LAKEHURST

PASS NOT TO EXCEED ONE YEAR

MEMORANDUM FOR 87 SFS/S-3 - WELCOME CENTER
Bldg 3021 McGuire Blvd
Joint Base McGuire-Dix-Lakehurst, NJ 08641

FROM: _____

SUBJECT: Request for Long Term Visitor's Pass

1. Request a long term visitor pass be issued to the below listed person(s) based on the information provided below in this request: (information must be printed and legible for SFS to process)

a. Grade, Full Name and SSN of Sponsor: _____

b. Phone Number of Sponsor: HP: _____ DP: _____

c. Sponsor's Unit of Assignment and/or Home Address:

UNIT

HOME

d. Name, Date of Birth, and Social Security Number of all visitors:

NAME

DOB

SSAN

e. City and State of Visitor's Residence: _____

f. Justification/purpose for visit/days and times needed: _____

g. Start and End Dates of Visit: _____

h. Exact Location to be Visited: _____

i. Company Name or Relationship to Sponsor (as needed): _____

PRIVACY AT STATEMENT
Authority: 5 U.S.C. 301.10 U.S.C. 8012 and 8034, and EO 9397.
PRINCIPLE PURPOSE: To verify individual status and conduct any background checks to determine if access to Joint Base McGuire-Dix-Lakehurst (JB MDL), is warranted. ROUTING USE: All information will be maintained in a central Security Forces database and may be disclosed to public affairs and security representatives to carry out official duties. Information will not be considered "Public Domain" and will be safeguarded by the end users. DISCLOSURE: Information collected on this form and your signature are voluntary. If you have no objection to these procedures fill out the form and sign your name. Failure to provide the requested information or a signature may lead to denial of access and privileges at JB MDL.

j. Company POC Phone Number (as needed): _____

NOTE: Items A-H are required items. Items I and J are when the visitor is with a company providing a service (i.e., housekeeping, nanny, etc.).

2. If there are any questions, please feel free to contact me at (Phone #): _____

SIGNATURE OF AUTHORIZED SPONSOR

PRINTED/TYPED NAME

PRINT & SIGNATURE OF SPONSOR'S UNIT COMMANDER

1st Ind, 87 SFS/S-3
MEMORANDUM FOR 87 MSG/CD

DATE: _____

NCIC QWA Check Results (Neg/Pos Findings)

Welcome Center Clerk Name

NCIC III Check Results/Date (Neg/Pos Findings)

Signature of Welcome Center Clerk

2nd Ind, 87 SFS
MEMORANDUM FOR 87 SFS/S3OWC
Approved/Disapproved

JB MDL Welcome Center NCOIC

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