

BARKSDALE AIR FORCE BASE FOREIGN VISITOR MUSEUM ACCESS PASS REQUEST FORM

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

INSTRUCTIONS

Complete this form and email back to Jarad.Guerrerosalinas@us.af.mil, Elizabeth.Micaletti@us.af.mil, and Walton.Bankston@us.af.mil. Your information will be forwarded to Barksdale AFB Security Forces Pass and ID Office for processing. A National Crime and Information Center (NCIC) Criminal check will be conducted prior to granting access to the installation. Requests must be submitted **NO LATER THAN 30 DAYS PRIOR** to the confirmed visiting date you provide below.

This form must be filled out in its entirety to ensure processing of your request. **ALL INFORMATION BLOCKS ARE REQUIRED.** If there is missing information, Security Forces reserves the right to deny and discard your request without notice. Passes will be issued at the Barksdale AFB North Gate only (449 Davis Ave W, Bossier City, LA 71112). Passes will only be available at the North Gate on the confirmed visiting date you provide below. Request status can be verified by phone by calling the Barksdale AFB Security Forces Pass and ID Office, M-F, 7:30am-4pm (318-456-3106 / 318-456-3510 / 318-456-3180).

REQUESTOR CONTACT INFORMATION

REQUESTOR NAME (Last, First, Middle):	CURRENT US BASED PHONE NUMBER:	CURRENT EMAIL ADDRESS:
REQUESTOR PHYSICAL HOME ADDRESS (Country, Street number and name, City, State/Province, Postal Code):		

CONFIRMED DATE OF VISIT

Passes, once approved, will only be available for this confirmed visit date you provide. This date must be **NO LESS THAN 30 DAYS** from the submission date of this form. Security Forces reserves the right to deny and discard your request without notice if this requirement is not met. If there are changes to your planned visit within the 30 days following submission of this form, contact the Barksdale AFB Security Forces Pass and ID Office, M-F, 7:30am-4pm (318-456-3106 / 318-456-3510 / 318-456-3180). No guarantees are made to accommodate a change of plans.

CONFIRMED DATE OF VISIT (YYYYMMDD):	
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ACKNOWLEDGEMENT

By completing this requestor's initials block below you affirm/swear that you have read and agree to adhere to all contained instructions, that information provided is true, and all blocks are filled out completely. Furthermore, a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to Barksdale AFB, within 24 hours, if you're convicted of any criminal offenses that occur while you have unescorted access authority to Barksdale AFB.

By acknowledging with your initials, you give your consent to the search of your vehicle while it is entering on or leaving Barksdale AFB. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator. You also affirm that you understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws, permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access Barksdale Air Force Base.

REQUESTER INITIALS:	
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VISITOR INFORMATION

Complete all blocks for each visitor 18 years or older, to include the requestor's information. Minors are permitted base access while escorted by adults who have approved passes. No unaccompanied minors will be allowed access to Barksdale AFB. Ensure to complete and include the second page of this form if you have more than 2 visitors.

VISTOR #1 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #2 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

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VISITOR INFORMATION CONTINUED

VISTOR #3 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #4 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #5 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #6 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #7 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #8 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #9 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #10 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

VISTOR #11 NAME (Last, First, Middle):	Passport Number/Country of Issue:	Residential Country/Address of Origin:
Date of Birth (YYYYMMDD):	Sex:	Race:

BARKSDALE AFB FOREIGN VISITOR REQUEST

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Complete this form and return to your Barksdale AFB (BAFB) sponsor. **Ensure ALL spaces are completed or this form WILL NOT be processed.** By signing this application, you affirm/swear the information provided is true. That a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.S Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to BAFB, within 24 hours, if you're convicted of any of the above criminal offenses that occur while you have unescorted access authority to BAFB.

Section I. VISITOR/FOREIGN NATIONAL INFORMATION			
1. NAME (Last, First, Middle)	2. ADDITIONAL IDENTIFICATION (Not Passport)	3. SSN	4. D.O.B. (YYYYMMDD)
5. CURRENT FOREIGN ADDRESS	6. ALIASES OR MAIDEN NAME	7. CELL PHONE NUMBER	8. SEX
9. RACE	10. EYE COLOR	11. HAIR COLOR	12. HEIGHT/WEIGHT
Section II. PLACE OF BIRTH			
1. CITY		2. COUNTRY	
3. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER, AND EXPIRATION DATE (i.e., Foreign Passport – A copy of passport and/or immigration document is REQUIRED):		4. COUNTRY OF ISSUANCE:	
Section III. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT			
By accepting this pass, you give your consent to the search of your vehicle while it is entering on or leaving BAFB. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.		_____ INITIALS	_____ DATE
Section IV. ATTESTATION			
Disclosure: Disclosure of requested information is voluntary; however, failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Air Force contract while serving in the capacity of prime contractor or subcontractor/supplier employee. I understand approvals/denials take 20 working days and can be verified by phone by calling the West Gate Visitor Center, M-F, 0730-1600 (318-456-4292) or the Security Forces Squadron at 456-3106			_____ APPLICANT SIGNATURE _____ DATE
Section V. FOR USE BY BARKSDALE AFB VISITOR'S SPONSOR ONLY			
1. Print contact information of Barksdale AFB sponsor/base agency representative: Last Name: _____ First Name: _____ Middle Initial: _____ Title/Rank: _____ DOD ID/EDIPI: _____ Squadron: _____ Phone #: _____ Email: _____ Signature: _____ Date: _____		DoD sponsor must deliver completed form to Pass and ID office or send encrypted email from .mil address to 2SFS.PassID@us.af.mil	Base Arrival Date & Length of Pass: _____ REASON for DBIDS pass: _____
*SECURITY FORCES – FORWARD ALL FOREIGN VISIT REQUESTS TO OSI AT 8FIR.DET812.CI@US.AF.MIL *			
Section VI. PRIVACY ACT STATEMENT			
Authority: 50 USC Section 797; E.O.9397			
Principal Purpose(s): The purpose for requesting personal information is to assist 2 SFS personnel in documenting Foreign National's suitability for access to USAF installations. The Social Security Number, Date of Birth and Immigration Document information are necessary to properly identify the person and records. This information may be used to determine suitability of person desiring access to BAFB; as well as, for lawful purposes including law enforcement and litigation. This information will be used to generate state and federal criminal history record checks.			