To gain access to a Department of Defense (DoD) installations or facility, all individuals must establish their identity, fitness, and purpose to Visitor Control Personnel:

- **Identity** "who" the person is.
- **Fitness** a determination, based on a review of historic and current information, that the person is likely not a risk to the safety, security, or efficiency of the installation or its occupants.
- **Purpose** the person's acceptable reason for seeking access to the installation at that point in time.

NOTE* Place "N/A" for boxes not used.

Foreign National (FN) visits require a third-party review to determine *Fitness*, for which, the following information is requested.

| Full Name: | | | | | | | | |
|--|-----------------------------------|-------------------------|--|-------------------|--------------------|-----------------|------------|--|
| Date of Birth: | Month: | | | Day: | | | Year: | |
| Phone Number: | | | | Email Address: | | | | |
| Home of Record A | Address: | | | | | | | |
| Country of Citize | nship: | | | | | | | |
| Passport Number | • | | | | | | | |
| Passport Country | of Issue: | | | | | | | |
| U.S. Visa | Number (if ap | plicable): | Dates Authorized to Remain in the United States listed on visa): | | United States (as | | | |
| | | | Entered | : | | Exit | t : | |
| Dates of Requeste | d FEW AFB | Visit: | | | | | | |
| Reason for Visit t (Personal or Officelaborate): | | | | | | | | |
| Travel Itinerary (please provide a s the whole U.S. tri | ummary of p): | | | | | | 49 | |
| Has the FN visitor If so, list the insta | r previously r llation(s), dat | equested ace(s), and re | ccess to an eason(s). | ny other m | litary inst | tallation in th | e past? | |
| Previous In | stallation(s): | | Previous Date(s): Previous Reas | | revious Reason(s): | | | |
| | | | | | | | | |
| | | | | | | | | |
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| Attach photocopy of passport (At | Attach photocopy of passport (Attach photocopy of passport (and visa if applicable) to this box) | | | | | |
|---|--|------|-------------|-------------------|-------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Education History: | Schools Attended | | Dates Atter | nded | Still | Attending? |
| | | | | | | |
| Employment History: | Job Title | Empl | loyer | Dates Employed | | Reason for Leaving |
| | | | | | | |
| Electronic Devices: (laptops, tablets, cellphones, | Make | Mode | el | Serial Num | ber | Phone Number |
| etc) | | | | | | |

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| Vehicle Information | Make | Model | Year | License Plate/State |
|----------------------------------|------------------|---------------------|-------------------|------------------------|
| | | | | 1 late/State |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PHOTO OF VEHICLE (front/back) | 1 | РНОТ | O OF RENTAL A | |
| (Hondback) | | | (II car was rente | u) |
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| | | | | |
| Notes | (utilize this se | ection to for add-o | ns): | |
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BASE SPONSOR'S INFORMATION: Please Print Legibly

| Assigned Unit: | |
|--|---|
| | |
| nsor is not the same person as is sponsoring the ponsor below. | e foreign national into the United States, fully |
| | |
| Assigned Unit (if applicable): | |
| | |
| | nsor is not the same person as is sponsoring the ponsor below. Assigned Unit |

FOR OFFICIAL USE ONLY

The below information is to be completed by Pass/Identification and/or Visitor Control Personnel.

| VCC Staff Name: | |
|--|--|
| Date form received: | |
| | |
| Pass/ID Staff Name: | |
| Date sent to third-party: | |
| Date received from third-party: | |
| Date notified Sponsor/FN: | |
| Consent to Utilize Javelin+? | |
| Consent to Vehicle Search? | |
| | |
| | |
| | |
| NOTES: | |
| | |
| | |

"The information herein is Controlled Unclassified Information (CUI) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties."

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