

**MCAS Iwakuni DBIDS Credential Request****PRIVACY ACT STATEMENT****AUTHORITY:** 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397**PRINCIPAL PURPOSE:** Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.**ROUTINE USES:** Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.**DISCLOSURE:** Voluntary. Information is used to positively identify the individual making the statement and to check past criminal activity records. Failure to disclose any information may result in delay of processing.**PERSONNEL TYPE (CHECK ONE)**

- ☐ JMSDF Permanent Party Personnel  
☐ JMSDF Dependent **OR** JMSDF Retired  
☐ MLC/IHA  
☐ MLC/IHA Dependent **OR** MLC/IHA Retired  
☐ U.S. Contractor  
☐ JN Contractor  
☐ TCN Contractor  
☐ DTCN Contractor (Signed Appendix G)  
☐ Other (JGSDF, JASDF, U.S. Government Official, Authorized Insurance Agents,  
**OR** \_\_\_\_\_ )

**Applicant Name (LAST, First M) (申請者名):** \_\_\_\_\_

COMMAND (BRANCH/UNIT/COMPANY) <b>OR</b> ORGANIZATION/DIVISION/CONTRACT OF MCAS IWAKUNI		SPONSORING AGENCY POC TELEPHONE	SPONSORING AGENCY POC EMAIL
CONTRACT NUMBER (CTR ONLY)	CONTRACT WORK SITE LOCATION (CTR ONLY)	CONTRACT START (DD/MMM/YYYY)	CONTRACT END (DD/MMM/YYYY)

**Sponsoring Agency Contract Manager/Supervisor(for MLC/IHA Retirees, CHRO) :**\_\_\_\_\_  
Sponsoring Agency (契約元機関名)\_\_\_\_\_  
Supervisor Print (監督者名)\_\_\_\_\_  
Signature of Supervisor (署名)\_\_\_\_\_  
Date (日付)**Department Head (for MLC/IHA Retirees, Director of CHRO or Designee):**\_\_\_\_\_  
Department Head Print (部門・部隊長名)  
\*Personnel Authorized by Appendix M\_\_\_\_\_  
Signature of Department Head (署名)\_\_\_\_\_  
Date (日付)**Provost Marshal or Designee:****Approved / Disapproved**\_\_\_\_\_  
Provost Marshal/Designee Print\_\_\_\_\_  
Signature\_\_\_\_\_  
Date (日付)

APPENDIX B  
MCAS Iwakuni DBIDS Credential Request

MCASO 5500.2W

To be completed by PMO / 憲兵隊記入欄

DBIDS#	EXPIRE DATE (DD/MMM/YYYY)
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APPLICANT INFORMATION To be completed by applicant: 申請者記入欄

APPLICANT NAME (LAST, FIRST M) 氏名 ローマ字	SEX 性別	SSN: ( ) PASSPORT: ( )			
氏名 漢字		ALIAN REGISTRATION CARD: ( )			
		DRIVER'S LICENSE: ( )			
		MY NUMBER: ( )			
**ALIASES NAME, MAIDEN NAME, or OTHER NAME which were previously or/and currently used (Write down FULL NAME (L,F M)/Kanji, Print Name and Katakana) 別名(通称名)、旧姓、旧氏名など、現在の戸籍上の氏名以外で使用されている、又は、使用されたことのある全ての名前 (全てフルネームを漢字、ローマ字、カタカナで記入)					
DATE OF BIRTH (DD/MMM/YYYY) 生年月日	PLACE OF BIRTH(CITY,STATES and COUNTRY) 出生地 (市、県および国)	NATIONALITY 国籍	RACE 人種	CURRENT CITIZENSHIP 現在の市民権	FORMER CITIZENSHIP 以前の市民権
PERMANENT FULL ADDRESS 本籍地 ローマ字 漢字			CURRENT FULL ADDRESS 現住所 ローマ字 漢字		
EYE COLOR 目の色	HAIR COLOR 髪の色	HEIGHT 身長 inch cm	WEIGHT 体重 pound kg	RANK ランク(自衛官の場合)	
APPLICANTS' CONTACT NUMBER 申請者連絡先電話番号	MOS/OCCUPATION/JOB TITLE 職務又は職種	HELD PREVIOUS PASS? 過去のパス取得の有無 YES NO (Pass No: )			
PRIMARY COMPANY NAME 元請会社名	WORK TELEPHONE 元請会社電話番号/自衛隊内線	REQUEST HOURS OF GATE ACCESS 希望する入門時間 ~	REQUEST DAY(S) OF GATE ACCESS 希望する入門曜日		

VOLUNTARY DISCLOSURE

State honestly if applicant has previously been involved in an offense of criminal activity or violations of road traffic law. Willfully providing inaccurate or false information will result in permanent revocation of pass.

今までに道路交通法違反、刑法違反を犯したことが ある人は、正直にここに書いて下さい。故意に不明確だったり偽りの内容を記入した場合は パスの永久発行停止となります。

- 1)Criminal Act 刑法違反 ( ) Yes あり ( ) No なし  
2)Road Traffic Violation 道路交通法違反 ( ) Yes あり ( ) No なし

If yes, please provide a description of the incident(s). 上記違反内容を述べて下さい。

Applicant:

I verify by my signature below that I will comply all rules and policies associate with issuance of the DBIDS Credential

Applicant Print (申請者名)

Signature of Applicant (署名)

Date (日付)

CUI

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