

MCAS Iwakuni JSDF/Foreign Military Access Request

PMO USE ONLY	Received Date:	Approved Date:	Tracking#:
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- 1) This visit request should be submitted no later than (10) days prior to the date of the requested visit.
当基地への立入希望者は立入希望日の(10)営業日前迄にこの書類を提出のこと
- 2) Any visit that contains an O-6 equivalent (or higher), notify the Station CO.
O-6以上の立入の場合は基地司令に知らせること
- 3) This form is for Host Nation/Foreign Military personnel visit ONLY.
本立入許可申請書は現役の自衛隊員及び他国の軍人の訓練、演習、岩国基地通過、兵站等の目的の際に利用のこと

1) Purpose of the Visit: 立入目的

2) Access Request Information: 立入情報
☐ One Day ☐ Multiple Day

➤ Organization of Guests: ゲスト組織名

Total Number of Guests: ゲスト総数

➤ Required numbers of Escorts: 必要エスコート人数 → PMO USE ONLY PMOにて記入します

Entry Gate: 入門 GATE Date: _____ Time: _____ ☐ Reg size Vehicle and/or Mini Bus () 台 ☐ Truck and/or Medium/Large Bus () 台 ☐ Aircraft ☐ Ship/Boat	Exit Gate: 出門 GATE Date: _____ Time: _____ ☐ Reg size Vehicle and/or Mini Bus () 台 ☐ Truck and/or Medium/Large Bus () 台 ☐ Aircraft ☐ Ship/Boat
Coordinate with PMO Japanese Security Guard (JSG) for any changes on access information no later than one day in advance. 基地への入出門に係る変更は、必ず前日までに PMO 警備隊(JSG)と調整して下さい。 JSG Business Hours: Mon-Fri/0800-1600, 253-4849 After Hours/U.S Holidays: 253-3245	

➤ What assistance are you requesting and from whom? 岩国基地側へ特に必要な支援等あれば記入のこと

3) Sponsoring Unit/Department POC and Signature : スポンサー部隊・部署情報, 責任者サイン

Unit: 部隊名 Section: 部署名 POC Name: 担当者氏名 Rank: 階級 Phone#: 電話番号

Name: 責任者氏名 Rank: 階級 Phone#: 電話番号 Signature: 責任者サイン

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4) Schedule of Visit:スケジュール 全て詳しくご記入下さい。スペースが足りない場合は別紙(G-4)を添付して下さい。

<u>Date</u> 日	<u>Time</u> 時	<u>Location/Bldg#</u> 場所/建物番号	<u>Activity Description</u> 行動内容

5) Special Requirements

A) Flight Line Access	YES	NO
Access Hours: -	Gate#: Bldg#: /Bldg Name:	
Transportation: On Foot GOV	AVOC EXP Date:	
Escort with AVOC:	Restriction Code: Control Management Area (CMA)	
	Apron Only CMA Non-CMA	
Station Airfield Operations	Print Name/Date:	
Concur Non-Concur	Signature	

B) Port Access	YES	NO	Restricted Water	YES	NO
Access Hours: -	Bldg#: Bldg Name:				
Harbor Operations (Logistics)	Print Name/Date:				
Concur Non-Concur	Signature				

C) Restricted Area Access	YES	NO
PMO Physical Security	Print Name/Date:	
Concur Non-Concur	Signature	

D) Photo Equipment	YES	NO (Photo Req#)
Security Management Office	Print Name/Date:	
Concur Non-Concur	Signature	

Provost Marshal's Approval		
Approved	Disapproved	Print Name/Date:
		Signature

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Name of Escort: _____ Grade: _____ Unit Name: _____

TEL#: _____ Lodging(宿泊): N/A なし / On Base / Off Base
Work Cell Phone (Choose one of above) 宿泊があればいずれかを選択From: _____ To: _____
Time Date Time Date

*** Everything except the address needs to be in both Japanese and English 住所以外は全て日本語、英語で記入のこと

PRINT NAME (氏名-漢字+ローマ字)	PRESENT ADDRESS (現住所)	TYPE OF ID	UNIT NAME	RANK TITLE
DOB (生年月日-西暦) / AGE (歳)		MILITARY ID#	部隊名 部署名	階級
COUNTRY OF CITIZENSHIP (国籍)	PHONE# (電話番号)			
1				
2				
3				
4				
5				
6				
7				
8				

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Schedule スケジュール 別紙

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