

MCAS Iwakuni Personal Visitor Access Request

MUST SUBMIT TO PMO 10 BUSINESS DAYS IN ADVANCE

(1-DAY/ EXTENDED/ COMREL Event)

Name of Sponsor: _____ Grade: _____ DoD ID#: _____

Organization/Unit: _____ TEL#: _____
Cell Phone _____ Work _____

Email: _____ QTRS#: _____ Purpose: _____

Name of Escort: _____ Grade: _____ DoD ID#: _____

From: _____ To: _____ () days VEH: _____
Time Date Time Date Number of Vehicles

**17 歳以下で親の同伴がない場合は承諾書が必要/ Children 17 years old or younger traveling without their parents need to attach signed Parental Statement.

**国籍が日米以外のゲストはパスポートの写真のページを添付/ If guest is not a Japanese or US citizen, a passport copy of the photo page is required

**ID# for Japanese National(JN) - Passport, Driver's License, Health Insurance Card - pls ask PMO for all other IDs

PRINT NAME OF GUEST (氏名)		HOME ADDRESS (現住所)	Passport# (For JN, See above Other Acceptable IDs)	RELATION TO SPONSOR	PMO Input Escort Required
DOB (生年月日) DD/MMM/YYYY, AGE (歳)		COUNTRY OF CITIZENSHIP (国籍) TEL# (電話番号)			
1					
2					
3					
4					
5					
6					
7					
8					

I have read and understood the PRIVACY ACT STATEMENT and Escort Policy and will comply as required. (on 2nd page)

Sponsor's Signature _____

LODGING ENDORSEMENT REQUIRED
FOR EXTENDED PASS
ON THE BACK SIDE

PMO Approving Official _____

PRINT NAME

CUI

PRINT NAME

MCAS Iwakuni Personal Visitor Access 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.

1) I UNDERSTAND THAT MY GUEST(S) MUST BE ESCORTED AT ALL TIMES WHILE ON THE INSTALLATION UNLESS OTHERWISE SPECIFIED.

2) My guest(s) must check in at the Main Gate Visitor Center prior to entering the installation and be issued a DBIDS pass. A valid photo I.D., proof of citizenship, and proof of legal entry into Japan are required.

3) Facility access by my guest(s) is contingent upon individual facility policies and should be addressed with each facility directly.

4) 1-day visitors are approved to be signed-on and access MCAS Iwakuni between 0600 and 2359 daily, unless otherwise authorized. All 1-day visitors must depart the installation prior to 0030 unless otherwise authorized.

5) As the sponsor of my guest(s), I assume responsibility for their conduct and/or misconduct and/or any damages incurred while aboard the installation due to their conduct as well as ensuring their proper use of MCAS Iwakuni facilities. I will ensure my guest(s) are familiar with applicable military and Japanese laws that govern their conduct. Further, I understand that my guest(s) do not possess SOFA status and are responsible for meeting/maintaining Visa requirements.

6) In case my guest(s) needs to extend their stay (over 30 days in TLF/Kintai, 90 days in on-base Housing), an extension request (page K-3, K-4) must be submitted 14 business days in advance of the pass expiration date to be approved by the CO, MCAS Iwakuni. This form can be picked up at PMO.

7) A violation of this authorization may result in disciplinary action up to termination of sponsorship privileges.

8) I understand that I must provide a legible **passport copy of the photo page of any guest(s) who holds a passport in a country other than the U.S. or Japan**, who are not a Designated Third Country National (DTCN). DTCN guest(s) require prior approval from the MCAS Iwakuni Commanding Officer.

****For a list of DTCN countries, and for access requirements for DTNC guest(s), please contact PMO.**

LODGING INFORMATION & ENDORSEMENT REQUIRED FOR EXTENDED PASS

I REQUEST MY GUEST(S) BE AUTHORIZED TO STAY AT (CHECK APPROPRIATE BOX):

<input type="checkbox"/> FAMILY HOUSING	<input type="checkbox"/> BACHELOR HOUSING	<input type="checkbox"/> TLF/ <input type="checkbox"/> KINTAI INN
MAIN/ ATAGO BLDG&RM#:	BLDG&RM#:	ROOM#:

It is not authorized to request extended visitation pass for guests staying off-base. Sponsors are required to register their guests at the visitor center at the Main Gate or Atago Gate for every day of access.

Housing Signature

BOQ/BEQ Signature

TLF/Kintai Inn Signature

PRINT NAME

PRINT NAME

PRINT NAME

CUI

K-2