

MCAS IWAKUNI INSTALLATION 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 AND REQUIRED ENCLOSURES

- JMSDF Permanent Party Personnel (Orders, Color Copy of MOD ID)
- JMSDF Dependent (Permanent Party Sponsor's Orders, Color Copy of MOD Dependent ID)
- MLC/IHA (JN Driver's License **OR** JN Passport, Resident Card)
- MLC/IHA Dependent (Color Copy of Sponsor's DBIDS Card)
- U.S. Contractor (SPOT LOA, U.S. Passport)
- JN Contractor (JN Driver's License **OR** JN Passport, Resident Card)
- DTCN Contractor (Signed Appendix H)
- Other (JGSDF, JASDF, U.S. Government Official, Authorized Insurance Agents, etc)

COMMAND (BRANCH/UNIT/COMPANY) OR CIVILIAN EMPLOYER OR ORGANIZATION/DIVISION/CONTRACT		SPONSORING AGENCY POC TELEPHONE		SPONSORING AGENCY POC EMAIL	
CONTRACT NUMBER (CTR ONLY)	CONTRACT WORK SITE LOCATION (CTR ONLY)	CONTRACT START (CTR ONLY) (DD/MMM/YYYY)		CONTRACT END (CTR ONLY) (DD/MMM/YYYY)	
DAYS OF WORK	HOURS OF WORK	FLIGHT LINE ACCESS? Y/N		PORT ACCESS? Y/N	
		YES	NO	YES	NO

Sponsoring Agency Contract Manager/Supervisor:

Sponsoring Agency

Sponsor Phone Number/Email

Signature of Supervisor

Supervisor Print & Date (DD/MMM/YYYY)

Department Head:

Signature of Department Head

Department Head Print & Date (DD/MMM/YYYY)

Provost Marshal or Designee:

Approved / Disapproved

Signature of Provost Marshal/Designee

Provost Marshal/Designee Print & Date

For Official Use Only - Privacy Sensitive: Any misuse or unauthorized disclosure may result in both civil and criminal penalties

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APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE) 氏名	DTCN ONLY: ALIASES/OTHER NAMES USED	FULL SSN & PASSPORT NUMBER (DTCN ONLY: PASSPORT NUMBER, ISSUE DATE, EXPIRATION DATE)	NON-US ONLY: D/LIC #, NATIONAL ID #, CERT. OF NATURALIZATION
GRADE/RANK 生年月日	MOS/OCCUPATION/JOB TITLE 職務又は職種	HOURS/DAYS OF WORK 入門時間及び曜日	HELD PREVIOUS PASS? Y/N YES NO
DATE OF BIRTH (DD/MMM/YYYY)	PLACE OF BIRTH (CITY AND COUNTRY) 出生地 (県および市町村名)	SEX/GENDER 性	RACE/ETHNICITY
EYE COLOR 目の色	HAIR COLOR 髪の色	HEIGHT 身長 inch cm	WEIGHT 体重 lb kg
CURRENT CITIZENSHIP	FORMER CITIZENSHIP	PERMANENT ADDRESS 本籍地 (CITY/COUNTRY/STATE/PROVINCE/POSTAL CODE)	CURRENT ADDRESS 現住所 (IF DIFFERENT FROM PERMENENT ADDRESS)
HOME TELEPHONE	WORK TELEPHONE 契約元機関電話番号	CELLULAR PHONE	EMAIL

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。

- () Criminal Act 刑法違反 () Yes あります () No いいえ
- () Road Traffic Violation 道路交通法違反 () Yes あります () No いいえ

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

Applicant:

Signature of Applicant

Applicant Print & Date (DD/MMM/YYYY)

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