

MCAS IWAKUNI RESTRICTED AREA ACCESS REQUEST

MEMORANDUM

Date: _____

From: _____
 Last Name, First Name Rank Unit Work Phone

To: Provost Marshal

Subj: RESTRICTED AREA ACCESS REQUEST

Ref: (a) MCO 5530.14A
 (b) MCASO 3710.3X
 (c) MCASO 5500.2V

1. Per the references, it is requested that the following personnel be authorized access to the indicated restricted area for the performance of their duties. Personnel that also require vehicle gate access will receive additional approval with justification written below.

FLIGHT LINE PORT FACILITY BUILDING _____ ROOM _____

NAME (LAST, FIRST)	RANK	DODID # or DBIDS #	ROTATION DATE DD MMM YYYY	AVOC LICENSE (YES/NO)	AVOC EXPIRATION DD MMM YYYY	ESCORT NAME OR N/A LN, FN, RANK

Note: If the listed personnel do not have Unescorted RESTRICTED AREA access an escort is required at ALL TIMES.

2. Justification of Vehicle Access (if applicable, provide copies of AVOC License, US/SOFA/Japanese Drivers License and GME License):

3. A copy of this authorization letter must be provided to the PMO Physical Security Section.

Requester (Department Head/CO/XO/SGTMAJ or CIV Equivalent):

 Signature of Requester

 Requester Print & Date

MCAS IWAKUNI RESTRICTED AREA ACCESS REQUEST

Security Manager: Approved - Not Approved

Signature of Security Manager

Security Manager Print & Date

Airfield Operations (If Applicable): Approved - Not Approved N/A

Signature of Airfield Operations

Airfield Operations Print & Date

Harbor Operations (If Applicable): Approved - Not Approved N/A

Signature of Harbor Operations

Harbor Operations Print & Date

Physical Security: Approved - Not Approved

Signature of Physical Security

Physical Security Print & Date

NAME (LAST, FIRST)	RANK	DODID # or DBIDS #	ROTATION DATE DD MMM YYYY	AVOC LICENSE (YES/NO)	AVOC EXPIRATION DD MMM YYYY	ESCORT NAME OR N/A LN, FN, RANK