

MCAS IWAKUNI PERSONAL VISITOR REQUEST (1-DAY/EXTENDED)

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.

VISITOR'S REQUEST

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

Organization/Unit: _____ **TEL#** _____ **RTD:** _____
Work / Cell Phone MM/YY

Name of Escorter: _____ **Grade:** _____ **DoD ID#** _____

From: _____ **To:** _____ **Purpose:** _____
Time / Date Time / Date Destination / Purpose of Visit

PRINT NAME OF GUEST (氏名)		COUNTRY OF CITIZENSHIP PRESENT ADDRESS & TEL#	PASSPORT NUMBER (JN ONLY: ALIEN REG. CARD, JAPANESE D/LIC, HEALTH INCU. CARD #)	RELATION TO SPONSOR	ESCORT REQUIRED (COMPLETED BY PMO)
DOB (生年月日) DD/MM/YY, AGE (歳)					
1					
2					
3					
4					
5					
6					
7					
8					

MCAS IWAKUNI PERSONAL VISITOR REQUEST (1-DAY/EXTENDED)

LODGING INFORMATION & ENDORSEMENT REQUIRED FOR REQUESTS OF 72 HOURS OR MORE

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

FAMILY HOUSING
BLDG #: _____

BACHELOR HOUSING
BLDG #: _____

KINTAI INN/TLF
ROOM # _____

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) Visitors will be permitted to remain aboard the installation 30 minutes after MCCS facilities close on Friday, Saturday and Holidays.

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

7) I understand that I must provide a legible copy of the picture page of the passport 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 the PMO Pass & Registration Office at DSN 315-253-3135. Copies of passports are not required of guests who are U.S. or Japanese passport holders.****

Sponsor's Signature

Housing/TLF Signature

PMO Approving Official

PRINT NAME

PRINT NAME

PRINT NAME

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