



DEPARTMENT OF THE AIR FORCE
87TH AIR BASE WING (AMC)
JOINT BASE MCGUIRE-LAKEHURST-DIX

MEMORANDUM FOR 87 SFS - WELCOME CENTER
Bldg 3021 McGuire Blvd
Joint Base McGuire-Dix-Lakehurst, NJ 08641

FROM: _____

SUBJECT: Visitors Request Form

1. Request a visitor pass be issued to the below listed person(s) based on the information provided below in this request:
(information must be DIGITALLY COMPLETED for SFS to process)

a. Grade, Full Name of Sponsor:

b. Phone Number of Sponsor: HP: _____ DSN: _____

c. Sponsor's Unit of Assignment and/or Home Address:

UNIT

HOME

d. Name, Date of Birth, and Social Security Number of all visitors:

NAME

DOB

SSN

e. City and State of Visitor's Residence: _____

f. Justification/purpose for visit/days and times needed: _____

g. Start and End Dates of Visit: _____

h. Exact Location to be Visited: _____

i. Company Name or Relationship to Sponsor (as needed): _____

PRIVACY AT STATEMENT
Authority: 5 U.S.C. 301.10 U.S.C. 8012 and 8034, and EO 9397.
PRINCIPLE PURPOSE: To verify individual status and conduct any background checks to determine if access to Joint Base McGuire-Dix-Lakehurst (JB MDL), is warranted. ROUTING USE: All information will be maintained in a central Security Forces database and may be disclosed to public affairs and security representatives to carry out official duties. Information will not be considered "Public Domain" and will be safeguarded by the end users. DISCLOSURE: Information collected on this form and your signature are voluntary. If you have no objection to these procedures fill out the form and sign your name. Failure to provide the requested information or a signature may lead to denial of access and privileges at JB MDL.

j. Company POC Phone Number (as needed): _____

NOTE: Items A-H are required items. Items I and J are when the visitor is with a company providing a service (i.e., housekeeping, nanny, etc.).

2. If there are any questions, please feel free to contact me at (Phone#): _____

SIGNATURE OF AUTHORIZED SPONSOR

PRINTED/TYPED NAME & DOD ID # OF SPONSOR

SIGNATURE & DOD ID # OF SPONSOR'S UNIT COMMANDER

1st Ind, 87 SFS/S-3
MEMORANDUM FOR 87 MSG/CD

DATE: _____

NCIC QWA Check Results (Neg/Pos Findings)

Welcome Center Clerk Name

NCIC III Check Results/Date (Neg/Pos Findings)

Signature of Welcome Center Clerk

2nd Ind, 87 SFS
MEMORANDUM FOR 87 SFS/S3OWC
Approved/Disapproved

JB MDL Welcome Center NCOIC

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Extended Visitation Request

Prior approval from United Communities management is required for guests and other family members who are not military dependents to reside in housing longer than the 30-day visitation policy allows. Please fill out the information below and submit this form to the United Communities Leasing and Management office for approval. *Note: Review of the request can take up to one week to process.*

This extended visitation request is for:

Support from a family member or friend due to:

- The military member is deployed
- Assistance with health care
- Assistance with child care

Visitation is needed from _____ to _____

In the process of adding someone as a dependent IE: Marriage, adoption, shared child custody.

Anticipated date of dependency _____

Type of dependency _____

Other

Please Describe:

Visitation is needed from _____ to _____

By signing this form, lease signer acknowledges responsibility for the actions of guests and visitors while residing in your home and that all guests must adhere to the rules and regulations set fourth in the lease agreement with United Communities which includes the Resident Handbook.

Requests relating to hardship and medical related accommodations need to be submitted as an 'Exception to Policy' through the Government Housing Office.

Name of visitor _____

Resident signature _____

Date of Request _____

Approved visitation is approved until _____

Not Approved UC Representative _____ Date _____

SPONSOR REQUIRED TO INITIAL BELOW ACKNOWLEDGING THEIR RESPONSIBILITIES

1. Sponsor will advise all guests of base entry procedures and limitations while on base to include required health precautions, speed limits, cell phone use, and use of base facilities.
2. Sponsor understands they are responsible for the conduct of all guests and will be held accountable for all actions of their guests.
3. Sponsor is the point of contact for any police actions concerning their guests.
4. Sponsor acknowledges that anyone named on the attached form that has disqualifying factors on a criminal check or has been barred from a military installation will be denied entry. The sponsor will be notified of the results of these checks.

SPONSORS INITIALS: