DEPARTMENT OF THE NAVY
COMMANDER, FLEET ACTIVITIES, YOKOSUKA
5SC 473 BOX 1
FPO AP 96349-0001

Canc: Nov 14

COMPLEACTYOKOSUKANOTE 5530
N3AT
28 May 14

COMPLEACT YOKOSUKA NOTICE 5530

From: Commander, Fleet Activities, Yokosuka

Subj: BASE ACCESS

Ref: (a) COMPLEACTINST 5530.6B

Encl: (1) Sample of Proper ID
(2) One Day Only Guest Pass Application Form (CFAY 5800/48B (Rev. 5-14)
(3) Daily Guest Pass Application Form (CFAY 5800/48A (5-14))
(4) Pre-Authorized Pass Request Form CFAY 5532/24 (Rev. 5-14)
(5) Lost Report CFAY 5532/54 (Rev. 5-14)

1. Purpose. To notify all personnel of the requirement to obtain a guest pass for all personal guests brought onto the installation. This policy will be effective 2 June 2014.

2. Responsibilities.

All sponsors:

a. Must be registered in the Defense Biometrics Identification Database System (DBIDS).

b. Are required to request a guest pass for their guests entering from Fleet Activities (FLEACT), Yokosuka gates listed in paragraph 3b of this notification.

c. Return the pass to the designated location(s).

d. Ensure all guests except children 12 years old and under possess proper identification (ID) as shown in enclosure (1). If the guest does not have proper ID, the guest will not be allowed to access FLEACT, Yokosuka.
3. One Day Only Guest Pass.

   a. Sponsors must:

      (1) Fill out enclosure (2), One Day Only Guest Pass Application Form, receive a One Day Guest Pass, and be present with their guests when obtaining a guest pass at a gate.

      (2) Constantly escort their guests on and off the installation(s), and return the pass prior to 2359 to the designated location(s).

   b. One Day Only Guest Pass will be issued at the following locations:

      (1) Industrial Security Office (ISO), 0700-2300.

      (2) Carney Gate Pedestrian, 0800-2300.

      (3) Carney Gate Vehicle Lane, 0800-2300.

      (4) Womble Gate Pedestrian, 0800-2200.

      (5) Womble Gate Vehicle Lane, 0800-2200.

      (6) Ikego Main Gate, 0800-2300.

      (7) Ikego Jinnuji Gate, 0800-2300.

      (8) Negishi Main Gate, 0800-2300.

4. Daily Guest Pass. Sponsors may request a Daily Guest Pass for personal guests who will make frequent visits to the installation(s). Term of the pass is one year, not to exceed the sponsor’s PRD.

   a. Sponsors must fill out enclosure (3), Daily Guest Pass Application Form (CFAY 5800/48A (5-14)) and submit to ISO for processing.

   b. The pass must be returned to ISO when it’s no longer required or expired.

5. Pre-Authorized Pass. Sponsors may request a Pre-Authorized Pass for personal guests.
a. Sponsors must fill out enclosure (4), Pre-Authorized Pass Request Form CFAY 5532/24 (Rev. 5-14), and submit to ISO prior to guest arrival.

b. Pass will be prepared and left at the requested gate of entry.

c. English students will be issued 180 days DBIDS card.

6. Violations.

a. Returning Passes. All guests must exit the base no later than 2359 of the expiration date of the pass and pass returned. If the pass(es) are not returned, the following actions will be taken:

   (1) First Violation, verbal and written warning issued to the sponsor via his/her command.

   (2) Second Violation, 30-day suspension of all pass privileges.

   (3) Third Violation, 90-day suspension.

   (4) Fourth Violation, one year suspension.

b. Unescorted Guests. If guests are unescorted while on-base, the first violation will result in a 30-day suspension of all pass privileges, and a second violation will result in a one year suspension. The guest will be escorted off the installation by Security personnel. Base access for the guest will be suspended until further notice.

c. Designated Third Country Guests. If guests are unescorted while on-base, the guest will be escorted off the installation by Security personnel. This violation will result in revocation of sponsor's guest privileges. Base access for the guest will be suspended until further notice.

d. Over Stay. If guests are found over staying on-base, the guest will be escorted off the installation by Security personnel. This violation will result in revocation of sponsor's guest privileges. Base access for the guest will be suspended until further notice.
e. Lost Pass. If a guest loses a pass, the sponsor will report it immediately to FLEACT, Yokosuka Security Department and complete enclosure (5) Lost Report (CFAY 5532/54 (Rev. 5-14)).

f. Mutilated and Tampered Pass. Any pass issued by ISO are prohibited to be mutilated or tampered with. Violation will result in revocation of sponsor's guest privileges. Base access for the guest will be suspended until further notice.

Any violations of the guest policy will affect the violator and his/her entire family members. A record of the violation will be kept on file.

D. T. GLENISTER

Distribution:
COMFLEACTINST 5215.2L
List I, II, Case 1

Stocked:
Commander, Fleet Activities, Yokosuka
PSC 473 Box 1
FPO AP 96349-0001
ACCEPTABLE ID’s FOR COMFLEACT, YOKOSUKA ACCESS

Ref: (a) USFJINST 31-204
     (b) COMFLEACTINST 5530.6 (Series)

Must present one of the below listed official IDs to obtain One Day Guest Pass:

- Basic Resident Registration Card (Jyumin Kihon Daichyo Card) Pictured Form Only
- Alien Registration Card or Resident Card
  Both visa and expiration date must be valid.
- Japan/Foreign Passport
  Valid visa required for alien.
- “Non Japanese nationals must present passport, Resident card or Alien Registration Card.”

Japanese Driver’s License
Must have place of birth column. As for the current form, see next slide.

Enclosure (1)
SUPPLEMENTS FOR NEW DRIVER’S LICENSE

Ref: (a) USFJINST 31-204
(b) COMPLEACTINST 5530.6 (Series)

If your guest has the new form of Japanese driver’s license, one of the below listed supplements are accepted to verify nationality:

- Japanese Driver’s License
- Address Certificate with Permanent Address
  Obtain after the driver’s license’s issuance.
  Valid until expiration date of the driver’s license.
- Driver’s License Permanent Address Record
  Can be obtained from the Police Station.
- Basic Resident Registration Card
- Japan, or Foreign Passport

Enclosure (1)
## ONE DAY ONLY GUEST PASS APPLICATION FORM

*(FILL OUT IN ENGLISH ONLY)* 全てローマ字で記入すること

### PASS REQUESTOR (パスの申請者)

<table>
<thead>
<tr>
<th>SSN (last four)</th>
<th>LAST NAME (姓)</th>
<th>FIRST NAME &amp; M.I. (名)</th>
<th>RANK/RATE (階級)</th>
<th>RELATIONSHIP TO SPONSOR SELF/SPOUSE/CHILD/PARENT</th>
</tr>
</thead>
</table>

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<tr>
<th>HOME ADDRESS (PHYSICAL ADDRESS (住所)</th>
<th>SPONSOR’S COMMAND &amp; DIVISION (部署及び部門)</th>
<th>PRD</th>
<th>WORK PHONE (職場電話)</th>
<th>HOME PHONE (自宅電話)</th>
</tr>
</thead>
</table>

### GUEST (ゲスト情報)

1. GUEST LAST NAME (姓) | GUEST FIRST NAME (名) | NATIONALITY (国籍) | BIRTH DATE (誕生日) | PASS# |
2. GUEST LAST NAME (姓) | GUEST FIRST NAME (名) | NATIONALITY (国籍) | BIRTH DATE (誕生日) | PASS# |
3. GUEST LAST NAME (姓) | GUEST FIRST NAME (名) | NATIONALITY (国籍) | BIRTH DATE (誕生日) | PASS# |
4. GUEST LAST NAME (姓) | GUEST FIRST NAME (名) | NATIONALITY (国籍) | BIRTH DATE (誕生日) | PASS# |
5. GUEST LAST NAME (姓) | GUEST FIRST NAME (名) | NATIONALITY (国籍) | BIRTH DATE (誕生日) | PASS# |
6. GUEST LAST NAME (姓) | GUEST FIRST NAME (名) | NATIONALITY (国籍) | BIRTH DATE (誕生日) | PASS# |

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**Requestor’s Signature**

CFAY 5800/48B (5-14)

*Upon Completion*

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

Enclosure (2)
# DAILY GUEST PASS APPLICATION FORM

(FILL OUT IN ENGLISH ONLY) 全てローマ字で記入すること

<table>
<thead>
<tr>
<th>PASS REQUESTOR (パスの申請者)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN (last four)</td>
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<tr>
<td>-----------------</td>
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<tr>
<td>HOME ADDRESS (PHYSICAL ADDRESS)(住所)</td>
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</table>

<table>
<thead>
<tr>
<th>GUEST</th>
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<tbody>
<tr>
<td>1.GUEST LAST NAME (姓)</td>
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<td>2.GUEST LAST NAME (姓)</td>
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<td>9.GUEST LAST NAME (姓)</td>
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<tr>
<td>10.GUEST LAST NAME (姓)</td>
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CFAY 5800/48A (5-14) 

Upon Completion
FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE

Requestor's Signature

Enclosure (3)
**PRE-AUTHORIZED PASS REQUEST FORM**

**DBIDS registration must be completed to request for a pre-authorized pass!**

<table>
<thead>
<tr>
<th>From: Requestor</th>
<th>Last name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>To: COMMANDER, FLEET ACTIVITIES, YOKOSUKA</td>
<td></td>
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<tr>
<td>Subj: REQUEST FOR PRE-AUTHORIZATION PASS FOR GUEST TO ENTER FLEET ACTIVITIES, YOKOSUKA</td>
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<tr>
<td>Ref: COMFLEACTYOKOSUKAINST 5530.6 series</td>
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</tbody>
</table>
| Encl: (1) Copy of Photo Identification (obtaining a DBIDS card):  
Japanese National: Driver’s License (permanent address must be shown), Passport or Resident Card  
Non-Japanese National: Passport or Alien Registration Card for a guest. |

1. Per reference (a), it is requested that the guest(s) listed below be authorized entry to the base with an escort.
2. It will be limited to six months for English Students, and one day visit for social visits. I will constantly escort my guest while on-base.
3. I will ensure my guest complies with all rules and regulations established for Commander, Fleet Activities, Yokosuka installations.
4. I understand that lack of information could be denial of my request.
5. I understand that a gate pass/DBIDS card must be returned to the place where the pass was obtained upon expiration of the pass.
6. I understand that my DBIDS registration must be completed and updated.

**REQUESTER’S INFORMATION**

<table>
<thead>
<tr>
<th>Sponsor’s Command</th>
<th>Address (not mailing address)</th>
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<tbody>
<tr>
<td>Sponsor’s Rate/Pay Grade</td>
<td>Tel (Work)</td>
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</table>

**GUEST INFORMATION (NOT SOCIAL VISIT PURPOSE)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Nationality</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Weight (pound)</td>
<td>Height (inch)</td>
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<tr>
<td>Address</td>
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<tr>
<th>ID Type and Number for DBIDS Card</th>
<th>Passport #</th>
<th>Driver’s License #</th>
<th>Resident Card #</th>
<th>Alien Registration Card #</th>
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DATE/TIME (NOT TO EXCEED 3 DAYS PER WEEK AND 4 HOURS PER DAY EXCEPT ONE-DAY SOCIAL VISIT)

- □ Mon  
- □ Tue  
- □ Wed  
- □ Thu  
- □ Fri  
- □ Sat  
- □ Sun  

From (Date)  
To (Date)  

Purpose for 180 days Pre-authorized Pass (DBIDS card)  
☐ English Student  
☐ Cultural Study Student  
☐ Church Attendee/Bible Study  

Destination  

Sponsor’s Signature  

Date:  

From: COMMANDER, FLEET ACTIVITIES, YOKOSUKA  
To: Requestor  

1. Returned, approved/disapproved.

Commander/ISO By direction  

*Submit this request to ISO at least 72 hours prior to the guest’s arrival!!!*

CFAY 5532/24 (Rev. 5-14)  

UPON COMPLETION  
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Enclosure (4)
LIST OF SOCIAL VISIT GUESTS

Guests will be escorted from □ Main gate □ Womble gate □ Ikego □ Negishi

<table>
<thead>
<tr>
<th>No.</th>
<th>Last Name</th>
<th>First Name</th>
<th>Nationality</th>
<th>Date of Birth</th>
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CFAY 5532/24 (Rev. 5-14)
# LOST REPORT/紛失届け

**Date/日付:**

**From:**

**To:** Security Office, Fleet Activities, Yokosuka

**Subj:** LOST REPORT

**Ref:** (a) COMFLEACTYOKOSUKAINST 5530.6 series

1. According to reference (a), I make the following free and voluntary statement to the Security Office about the loss of the item below.

   1. Please check "✓" the item you lost.
   2. Right of the lost item, you should check "✓" and pay the following.

<table>
<thead>
<tr>
<th>Identifier Number of the Item</th>
<th>Vehicle Plate No. is required, if the lost item is related to your vehicle.</th>
<th>車載に関する紛失物の場合は車載番号を記入してください。</th>
</tr>
</thead>
<tbody>
<tr>
<td>紛失物を特定することのできる番号</td>
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</tbody>
</table>

## Applicant's Information/申請者の情報

<table>
<thead>
<tr>
<th>Command or Company/部隊名又は会社名</th>
<th>Code/コード</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address/現住所</th>
<th>E-mail Address/Eメールアドレス</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number/電話番号 (Work/職場)</th>
<th>Telephone Number/電話番号 (Home/自宅)</th>
</tr>
</thead>
</table>

## Circumstance/紛失時の状況

1. The above statement consisting of one page was made by me.

   1 ページの上記の陳述は私自身により作成されたものです。

   **Signature of Applicant/申請者署名**

   **Date:**

**From:** Security Office, Fleet Activities, Yokosuka

**To:**

1. It is hereby certified that the above lost report made by the person indicated above was received at this office.

   上記人物により作成された上記紛失届けを受け領したことを証明する。

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Security Official's Signature</th>
</tr>
</thead>
</table>

CFAY 5532/54 (Rev. 5-14) This form is valid for 72 Hours from time of issuance (SOFA ID Only).

UPON COMPLETION

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Enclosure (5)