

INSTALLATION ACCESS REQUEST FORM

*** Submit this request to VCC at least 30 DAYS prior to the guest's anticipated arrival for Designated Third Country Nationals and 10 business days prior to the expiration of the House Guest Pass for Extension Requests. ***

Section 1: Visitor Information

Last Name (姓)		First Name (名)			Middle Name (ミドルネーム)		
Date of Birth (生年月日)		Nationality/Citizenship (国籍)		ID Type (See Reverse)		ID Number (See Reverse)	
Height (身長)	Weight (体重)	Color of Eyes (目の色)		Color of Hair (髪の色)		Gender (性別)	
						Male <input type="checkbox"/>	Female <input type="checkbox"/>
Guest's Home Address (ゲストの住所)				Purpose of Visit (訪問の目的)		Relationship to sponsor (スポンサーとの関係)	

Section 2: Dates Requested

From	Year			Month		Day		To	Year			Month		Day	
	2	0							2	0					

Section 3: Time

From (Earliest Time)	To (Latest Time)
Remarks:	

Section 4: Sponsor Information

Last Name	First Name	Middle Name	Rate/Rank
Command Name		Work Phone Number	Home/Cell Phone Number

E-mail Address:	
Reason for Request for Extension	
Lodging for Guest while visiting	

Section 5: VCC (Extension Only)

Total number of Days

- a. I understand I am responsible for the actions of the above listed person while on the installation and for the return of the pass upon its expiration.
 b. I understand that all passes already received are included in the 60 days per 365 dayperiod.
 c. I will constantly escort my guest while on the installation, ifrequired.
 d. I understand that failure to do so will result in suspension of my and my guest'sprivileges.

Sponsor's Signature

NCIS FEFO Derogatory information reviewed, no further information to report (for Designated 3rd Country National Only)	Reviewed	Signature
	<input type="checkbox"/>	
Endorsement/Final Approval	Approved	Disapproved
Sponsor's Command (only required for official visitors)	<input type="checkbox"/>	<input type="checkbox"/>
USNH/Stork's Nest (if applicable for Overnight Guest Only)	<input type="checkbox"/>	<input type="checkbox"/>
Housing Director/Navy Lodge/NGIS (for House Guest Pass / Overnight Guest Only)	<input type="checkbox"/>	<input type="checkbox"/>
VCC Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Installation Security Officer	<input type="checkbox"/>	<input type="checkbox"/>
Commander, FLEACT Yokosuka (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Pass Type (Selected by Issuing authorities)

Check One:	Official <input type="checkbox"/>	Unofficial <input type="checkbox"/>
Check One:	Escort Only <input type="checkbox"/>	Unescorted <input type="checkbox"/>
Overnight Unescorted <input type="checkbox"/>	Overnight Escorted <input type="checkbox"/>	Third Country National Pass <input type="checkbox"/>

**FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE
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PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM05512-2.

PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To designated visitors, contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

By signing below, I understand my information will be safeguarded in accordance with the requirements of 5 U.S.C. 552a, DoDD 5200.27, DoDD 5400.11, DoD 5400.11-R, DoDI 5505.17, DoDI 5400.16, and Volume 4 of DoD Manual (DoDM) 5200.01

ID NUMBER: Following identification numbers categorized below are required for DBIDS enrollment.

ID Type for DBIDS enrollment	
U.S. Citizen	SSN or Certificate of Naturalization or Taxpayer ID Number (ITIN)
Japanese National	My-Number or Driver's license (Supplemental Docs are required) Number or Passport Number
Other Third Country National	Resident card Number or Passport Number

I also understand that I may choose not to write my identification number on the form, but must provide the information to the Visitor Control Center for registration into the Defense Biometrics Identification System.

Visitor Signature/Date