

INSTALLATION ACCESS REQUEST

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force; AFI 36-2406, and Executive Order 9397 (SSN), as amended.

PURPOSE: Used to request installation access and conduct necessary background checks.

ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply

DISCLOSURE: Voluntary. Not providing SSN may cause form to not be processed.

I. Requester's Information

1. Name: (LAST, FIRST MIDDLE INITIAL) 2. RANK: 3. DATE REQUEST SUBMITTED: (DD-MMM-YY) PLEASE SUBMIT 30 DAYS PRIOR TO START DATE

4. DSN / CELL PHONE: 5. PRIMARY EMAIL ADDRESS: 6. SPONSORING UNIT:

7. REQUESTER'S SIGNATURE:

By signing this form I understand that if I request an escorted pass, I must be with my guest at all times. If I lose contact with my guests I will contact Security Forces at 632-7200 to report the incident. I confirm that all information on this request is accurate and correct.

II. Visitor's Information

1. ESCORTED / UNESCORTED (choose one) 2. U.S. Citizen / NON U.S. Citizen (choose one)
ESCORTED UNESCORTED U.S. NON U.S.

3. AREAS REQUESTED: 4. DATES REQUESTED: 5. TIMES REQUESTED:
F I C E TO TO

6. GUEST INFORMATION:

(LAST, FIRST MIDDLE INITIAL)	SSN (U.S. Personnel Only)	Document Type & ID Number	Vehicle Make/Model & License Plate (If Applicable)

Attach additional list of guests names and information to page 2. Attach a copy of EACH passport to the end of this document.

7. REASON FOR ACCESS:

If you require additional space for justification use page 3.

III. Commander/Director

(Must be Stationed at Aviano AB)

1. NAME: (Last, First, Middle Initial) 2. GRADE: 3. DUTY PHONE:

4. APPROVAL OF REQUEST 5. SIGNATURE: 6. DATE: (DD-MMM-YY)
APPROVED DISAPPROVED

I certify the Requester in Block I, based on personal knowledge and available documentation is in a status eligible for requesting an IAR with Aviano AB, Italy.

IV. ITAF Security Forces Commander

1. NAME: (Last, First, Middle Initial) 2. GRADE: 3. DUTY PHONE:
CAPUTO, DOMENICO T.Col/OF-4 632-4731

4. APPROVAL OF REQUEST: 5. SIGNATURE: 6. DATE: (DD-MMM-YY)
APPROVED DISAPPROVED

Received by:

ITAF check:

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect LAW the Privacy Act of 1974

Reason for Access Continuation Page