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)
4. DSN / CELL PHONE:	5.PRIMARY EMAIL ADDRESS: (USED FOR APPROVAL LETTER)	6.SPONSORING UNIT (ASSIGNED TO AVIANO) :
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.		7. REQUESTER'S SIGNATURE:

II. Visitor's Information (New change: anyone entering base that is not stationed here must be listed on this form, regardless of their age)

1. ESCORTED / UNESCORTED (choose one) *REFER TO CHECKLIST FOR EXPLANATIONS*
☐ ESCORTED ☐ UNESCORTED

2.U.S. Citizen/NON U.S. Citizen (choose one)
☐ U.S. ☐ NON U.S.

3.AREAS REQUESTED: (MUST ADD JUSTIFICATION FOR EACH AREA SELECTED)
☐ F ☐ I ☐ C ☐ E

4.DATES REQUESTED (DD-MMM-YY):
TO

5.TIMES REQUESTED: (MILITARY TIME)
TO

6.GUEST INFORMATION: (ANYONE THAT DOES NOT HAVE ACTIVE-DUTY ORDERS TO AVIANO MUST BE LISTED AS A GUEST. INCLUDING: RETIREES, ACTIVE-DUTY MEMBERS STATIONED AT A DIFFERENT BASE, MINORS)

(LAST, FIRST MIDDLE INITIAL)	Full SSN (U.S Personnel Only)	Document Type & ID Number (DRIVERS LICENSE NOT ACCEPTED)	Vehicle Make/Model & License Plate

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 (assigned to Aviano, Air Base)

(Must be Stationed at Aviano AB)

1. NAME: (Last, First, Middle Initial)	2. GRADE: O-3	3.DUTY PHONE:
4. APPROVAL OF REQUEST ☐ APPROVED ☐ DISAPPROVED	5. SIGNATURE:	6.DATE: (DD-MMM-YY)

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:
PEPE, ANDREA	MAGG./OF-3	632-4731
4.APPROVAL OF REQUEST: ☐ APPROVED ☐ DISAPPROVED	5. SIGNATURE:	6.DATE: (DD-MMM-YY)

Received by: ITAF check:

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

Background/NCIC checked completed by:

List of Guest's Names Continuation Page

Name Last, First Middle	SSN (U.S. Personnel ONLY)	Document/ID Number	Vehicle Make/Model (If Applicable)	License Plate #

Reason for Access Continuation Page

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