

# 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
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4. DSN / CELL PHONE:	5. PRIMARY EMAIL ADDRESS:	6. SPONSORING UNIT:
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7. REQUESTER'S SIGNATURE:
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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) ESCORTED                          UNESCORTED	2. U.S. Citizen/NON U.S. Citizen (choose one) U.S.                                  NON U.S.
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3. AREAS REQUESTED: F                  I                  C                  E	4. DATES REQUESTED (d-Mmm-yy): TO	5. TIMES REQUESTED: TO
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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 (assigned to Aviano, Air Base)

(Must be Stationed at Aviano AB)

1. NAME: (Last, First, Middle Initial)	2. GRADE:	3. DUTY PHONE:
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4. APPROVAL OF REQUEST  APPROVED                          DISAPPROVED	5. SIGNATURE:	6. DATE: (DD-MMM-YY)
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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) CAPUTO, DOMENICO	2. GRADE: T.COL/OF-4	3. DUTY PHONE: 632-4731
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4. APPROVAL OF REQUEST:  APPROVED                          DISAPPROVED	5. SIGNATURE:	6. DATE: (DD-MMM-YY)
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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