



JBER LONG TERM VISITOR DBIDS ID WORKSHEET



PRIVACY ACT STATEMENT
 In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the information collected and how it will be used. Please read it carefully.
 AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3101; and EO 9397
 PRINCIPAL PURPOSES: Used to record information and details of criminal activity which may require investigative action by commanders, supervisors, security police, AFOSI special agents, etc.; and to provide information to appropriate individuals within DoD organizations who ensure proper legal and administrative action is taken.
 ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement/investigative authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
 DISCLOSURE IS VOLUNTARY: Refusal to provide will result in denial of DBIDS ID and access to JBER.

DATE: _____

SPONSOR: Name, Grade: _____ Unit: _____ **Status:** AD NG Res
 Ret Dep Civ
 Address: _____ Home phone: _____ **Service:** USA USAF USCG
 _____ Duty phone: _____ USMC USN USPHS

I, **(Sponsor's Name)** _____, take full responsibility for **(Visitor Name)** _____
[(Date of Birth) _____ **(Driver's License)** _____ **(Relationship)** _____]
 while they are on JBER.

I wish my visitor to receive a JBER Long Term Visitor Pass until **(Date)** _____, with access on the following days: M T W T F S S , during the hours of: **(Specify)** _____ - _____ hrs.

Explanation of **NEED** for access: **(Failure to provide DETAILED explanation will result in Pass denial)**

Sponsor	Visitor	As sponsor/escort, I am responsible for: (Initial at left for each statement)
_____	_____	The conduct of my visitor while on JBER.
_____	_____	Ensuring my visitor is aware that ALL vehicles on JBER are subject to search. Current registration and proof of insurance is required.
_____	_____	Ensuring my visitor is aware of regulations and guidelines pertaining to safety, security, and restricted/controlled areas of JBER.
_____	_____	Ensuring my visitor is aware that ALL individuals on JBER can be cited, detained, and/or removed from the installation for any violations.
_____	_____	Ensuring my visitor is aware that they are NOT authorized to sponsor or escort others onto JBER.
_____	_____	Notifying the 673 CES Housing Office of any visitor staying in my housing unit longer than 30 days. (Attach copy of letter from housing)

I, and my visitor, have read and understand the above responsibility statements.

Sponsor Signature: _____ Visitor Signature: _____

E-6/GS-6 (or eq.) and below: Unit First Sergeant or Unit Commander approval/endorsement (N/A for Retirees).

Print: _____ Signature: _____

******* 673 Security Forces Squadron only use ONLY *******
 Reviewed & Approved by:
 Name: _____ Signature: _____