

DBIDS PRE-ENROLLMENT VISITOR or CONTRACTOR PASS REQUEST

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C 8013 and Executive Order 9397 (SSN), as amended

PURPOSE: To request and record the issuance of visitor & contractor identification badges for BEALE AFB.

ROUTINE USE: DOD "Blanket Routine Uses" apply; SSN will be used to conduct a criminal background investigation through law enforcement.

DISCLOSURE: VOLUNTARY. Failure to provide the requested information will result in non-issuance of the pass.

Applicant go to website to begin pass registration: <https://dbids-global-enroll.dmdc.mil/preenrollui#!/>
 Applicant **MUST** provide high resolution photo of driver's license with this application.
 Applicant provide Alpha Numeric Code in SECTION I.



SECTION I: VISITOR or CONTRACTOR INFORMATION

PROVIDE WEBSITE CODE:

VISITOR/CONTRACTOR NAME: (Last, First, MI)	COMPANY NAME: (If contractor)	DL# and State:
DATE OF BIRTH:	SOCIAL SECURITY #	CITIZEN: (Country)
HOME ADDRESS:		PHONE:

PERSONAL EMAIL (Approved passes will be emailed): _____ NOTICE: While on this Installation, all personnel and property are subject to search. Controlled radioactive or explosive materials being brought onto Beale AFB must first be approved by the 9 RW Safety Office.

SECTION II: VISITOR or CONTRACTOR VEHICLE INFORMATION

This section applies to visitors and contractors with a need to operate motor vehicles on the installation.

NOTE: To obtain a vehicle pass for the installation a valid copy of vehicle insurance must be presented to the badge issuing official. Vehicle owner must maintain current state certificate of registration and inspection for the vehicle operated.

VEHICLE MAKE:	YEAR:	MODEL:	COLOR:	LICENSE PLATE #:	STATE:	<input type="checkbox"/> PRIVATE <input type="checkbox"/> COMPANY
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INSURANCE COMPANY NAME AND PHONE NUMBER:	POLICY EFFECTIVE DATE:
	POLICY EXPIRATION DATE:

SECTION III: BAFB SPONSOR (To be completed by Sponsoring Official)

Email completed form & DL photo to:
9SFS.VCC.Registration.Request@us.af.mil

HOURS OF THE DAY GRANTED TO VISIT/WORK:	VISIT/CONTRACT DATES: FROM: TO:
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DAYS OF WEEK GRANTED TO VISIT/WORK MON TUE WED THU FRI SAT SUN

SPONSOR NAME: (Last, First, MI):	LOCATION/S OF VISIT / WORK:
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SPONSOR EMAIL:	SPONSOR CELL PHONE#:
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I certify that the applicant has an official/ authorized need for the visitor/contractor pass and has been briefed on its proper use.

SPONSOR SIGNATURE:	BUSINESS ADDRESS OR MILITARY ORGANIZATION OF SPONSOR:
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SECTION IV: Security (To be completed by Badge Issuing Official)

BACKGROUND CHECK DATE: _____ APPROVED: _____ DENIED: _____ PENDING APPROVAL: _____

BADGE NUMBER:	DATE ISSUED:	EXPIRATION DATE:
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SIGNATURE OF BADGE ISSUING OFFICIAL: _____