

## 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. (Code for Pre-enrollment ONLY - 1st Time Visitors)



**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:		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
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:
DAYS OF WEEK GRANTED TO VISIT/WORK <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		
SPONSOR NAME: (Last, First, MI):	LOCATION/S OF VISIT / WORK:	
SPONSOR EMAIL:	SPONSOR CELL PHONE#:	
<b><i>I certify that the applicant has an official/ authorized need for the visitor/contractor pass and has been briefed on its proper use.</i></b>		
SPONSOR SIGNATURE:	BUSINESS ADDRESS OR MILITARY ORGANIZATION OF SPONSOR:	

**SECTION IV: Security** *(To be completed by Badge Issuing Official)*

BACKGROUND CHECK DATE:			APPROVED:	DENIED:	PENDING APPROVAL:
BADGE NUMBER:	DATE ISSUED:	EXPIRATION DATE:			
SIGNATURE OF BADGE ISSUING OFFICIAL:					