



DEPARTMENT OF THE AIR FORCE
97TH AIR MOBILITY WING (AETC)
ALTUS AIR FORCE BASE OKLAHOMA

MEMORANDUM FOR 97 SFS/S5D

FROM: _____ (Sponsor)

SUBJECT: Altus Air Force Base (AAFB) Defense Biometric Identification System (DBIDS) Visitor Application

1. I am requesting to sponsor my visitor for unescorted entry into Altus AFB between the following dates _____ - _____. He/she requires base access during these times _____ - _____ and the days checked below:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Full Name: _____

Date of Birth: _____ State of Birth: _____ Country of Birth: _____

Hair Color: _____ Eye Color: _____ Height: _____" Weight: _____lbs

Race: Caucasian African American Asian Hispanic

Other (specify): _____

Address: Apt #: _____ Street: _____ City: _____

State: _____ Zip/Postal Code #: _____

Driver's License/State ID #: _____ SSN: _____

Cell/Home Phone #: _____ Work/Supervisor's #: _____

2. Upon expiration of my visitor's pass, or if I am no longer sponsoring the individual, then I will ensure my sponsored individual turns in their pass to Bldg #428/Visitor Center.

3. If there are any questions or issues in regards to this application or my visitor, I can be contacted at my cell/work #: _____. My DOD ID is _____ and will be used to assign the visitor under me.
By signing this memorandum I have verified this person's need for access to the base and agree to take responsibility for the person I am sponsoring.

(Sponsor's Signature)

1st Ind, _____ (Visitor's Name)

MEMORANDUM FOR 97 SFS/S5D

I authorized the use and release of my personal information to Altus AFB, Oklahoma, to accomplish a national criminal background check to determine my ability to access Altus AFB. If I am denied access to the installation my signature below will constitute as my acknowledgement and is not an admission of guilt. I will receive a copy of this memorandum if denied.

Issue Date of Pass: _____
Denial/Expiration Date: _____
FPCON Granted: _____
Issued By: _____
Approved/Denied until: _____

2nd Ind (if applicable), _____ (Sponsor's Unit/CC) (Sponsored Individual's Signature)

MEMORANDUM FOR 97 SFS/S5D

I approve/deny the request for a visitor card to be granted for more than 60 days.

Unit/CC Name/Rank:

Issue Date of Pass: _____
Denial/Expiration Date: _____
FPCON Granted: _____
Issued By: _____
Approved/Denied until: _____