

145 SFS VISITOR'S REQUEST WORKSHEET
 (THIS WORKSHEET IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 U.S.C. 8013, DODI 1000.30, AFMAN 31-113, and AFI 33-332
PRINCIPLE PURPOSE(S): To conduct National Crime Information Center (NCIC) check, on non-DoD affiliated civilian visitors.
DISCLOSURE: Disclosure of requested information is voluntary. However, failure to provide information may result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the visitor's visit to the 145 AW Installation.

1. INSTRUCTIONS

All information must be completed; Spell out First, Middle, and Last Names (no initials). Email worksheet to usaf.nc.145-aw.list.bdoc@mail.mil.

SECTION I: Ensure all blocks are complete.

1.1. SPONSOR'S RANK/ NAME & DoD or SS NUMBER		1.2. SPONSOR'S PHONE NUMBER & UNIT	
1.3. COMPANY		1.4 VISITOR'S DESTINATION & PURPOSE FOR VISIT	

Visitor's Information

1.5. NAME (LAST, FIRST, MIDDLE)	1.6. SOCIAL SECURITY #	1.7. DL# & STATE	1.8 DATES & TIMES VISIT	1.9. VETTING RESULTS	1.9.1 VETTED BY

SECTION II: To be completed, signed, and dated by Security Forces.

2.1. DISTRIBUTION INSTRUCTIONS APPROVED and DENIED ON FITNESS CRITERIA.
 Ensure all information is loaded into the Main Gate Database and completed worksheet is sent to the 145SFS/CC, 145SFS/SFM, originator, sponsor (if different than the originator), and usaf.nc.145-aw.list.bdoc@mail.mil.

2.2. INFORMATION NEEDED FOR DENIAL ON FITNESS CRITERIA AND/OR MISCELLANEOUS COMMENTS, I.E. MAY NOT DRIVE.
 Ensure full name, company, and reason for denial is placed below and/or comments if needed:

Date:

INSTRUCTIONS FOR COMPLETING VISITOR REQUEST WORKSHEET

SECTION I TO BE COMPLETED BY SPONSOR:

Block 1.1. Enter the sponsor's Rank/Name and DoD or Social Security Number.

Block 1.2. Enter sponsor's contact number and unit.

Block 1.3. Enter company's name of visitor being sponsored, if applicable, and/or any additional comments.

Block 1.4. Enter the visitors allowed destination or destinations by sponsor and a brief description of the visitor's purpose for visit.

Block 1.5. Enter Full Last Name, Full First Name, and Full Middle Name (No Initials).

Block 1.6. Visitor's Social Security Number.

Block 1.7. Enter visitor's issued driver's license or state issued ID number and state of issue.

Block 1.8. Ensure to enter the requested dates and times of the visitor.

(Note: Contractors that will need access for more than 10 cumulative days will need to complete a Form 28.)

SECTION I.9. & 1.9.1: TO BE COMPLETED BY SFS:

Block 1.9. Ensure personnel are vetted via NCIC or CJLEADS, if NCIC is unavailable. Vetting results will be annotated by **APPROVED** or **DENIED**.

Block 1.9.1 SFS personnel conducting the vetting will place their initials in this block.

SECTION II: TO BE COMPLETED, SIGNED, AND DATED BY SFS:

Block 2.1. Ensure all information is loaded into the Main Gate Database and completed worksheet is sent to the 145SFS/CC, 145SFS/SFM, originator, sponsor (if different than the originator), and usaf.nc.145-aw.list.bdoc@mail.mil.

Block 2.2. This section will be used to annotate the reason for the denial, if visitor is denied, and/or any other pass-on information on the visitor, i.e. may not drive due to invalid driver's license etc.

(Note: SFS member conducting the vetting will need to sign and date the completed form, Section II, Block 2.2.)

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