

# Long Term Pass Application

(This Form is Subject to the Privacy Act of 1974)

## PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and E.O. 9397 (SSN)  
PRINCIPAL PURPOSE: Used by Security Forces for issuing identification cards which authorize entry onto Vance AFB. Some organizations may routinely keep copies of the document(s) in order to maintain history of passes issued. Accountability documents are used to ensure proper control of various forms utilized in these functions.  
ROUTINE USE: To request and record the issuance of computer generated Vance AFB Contractor/Visitor Identification Card.  
DISCLOSURE: Information requested on this form is voluntary. Failure to provide any of the requested information may result in non-issuance of the pass.

NAME (Last, First, Middle)		RACE	DATE OF BIRTH (YYYY-MM-DD)	STATE (Birth place)
DRIVERS LICENSE/STATE ID #		ISSUING STATE	LAST FOUR OF SSN	CITIZENSHIP (Country)

HEIGHT	WEIGHT	CELL PHONE	HOME ADDRESS
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I hereby acknowledge receipt of the credentials and I am aware of my responsibilities pertaining to their use. I will promptly return all credentials when they are not needed or upon request by proper authority. While on the installation, I understand all personnel and property under their control and subject to search.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE SIGNED (YYYY-MM-DD) \_\_\_\_\_

## CERTIFICATE OF AUTHORIZED REQUESTING OFFICIAL

NAME (Last, First, Middle)/DUTY TITLE \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

CELL PHONE #	ADDRESS OR BLDG. #	DAYS OF ACCESS SUN MON TUE WED THU FRI SAT
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HOURS OF ACCESS	REQUESTED EXP. DATE (Not to exceed 1 year)	VISITOR IS A U.S. CITIZEN? YES NO
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JUSTIFICATION FOR LONG TERM PASS (Include Company Name if Contractor)

I certify the applicant has an official/authorized need for the requested credentials and has been briefed on its proper use. I will notify Security Forces immediately for proper action when a contractor/visitor refuses to return DBIDS card upon termination, completion, or expiration or when person no longer requires access. I understand I am responsible for the good conduct and actions of the above visitor while they are on the installation.

SIGNATURE OF SPONSOR \_\_\_\_\_ DATE SIGNED (YYYY-MM-DD) \_\_\_\_\_

## CERTIFICATE OF AUTHORIZED APPROVING OFFICIAL

I certify the visitor and/or contractor identified above has a valid need for a long term pass and the reason for visit is greater than 31 calendar days.

PRINT NAME (must be Squadron Commander or designee) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE SIGNED (YYYY-MM-DD) \_\_\_\_\_

## VCC USE ONLY

APPROVED DENIED (Must be signed by DFC below)	BACKGROUND CHECK (YYYY-MM-DD)	ISSUED DATE (YYYY-MM-DD)
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PRINT NAME/SIGNATURE \_\_\_\_\_ CARD EXPIRATION DATE (YYYY-MM-DD) \_\_\_\_\_