MEMORANDUM FOR 99 SFS/S5B

**FROM**:  **Contact Number:**

**SUBJECT:** **BASE PASS REQUEST**

1**. I request the below listed person be issued an installation pass:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Legal Name** | **Driver’s License Number****AND State of Issue** | **Date of Birth** | **Full SSN** |
| **(Last, First, Middle)** |  |  |  |

**NOTE: IDs must be REAL ID Compliant. If the ID is not compliant than an additional form of government issued ID is required (i.e. US Passport, original Birth Certificate with raised seal, etc.)**

**Country of Citizenship:** **USA**

(Second VALID form of Government ID required if not a US Citizen! i.e. Residency Card, Work Permit, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |

 **DAYS AUTHORIZED:**

***NOTE****: 24/7 access will only be considered for employees who could be called in after normal business hours. (X or √ all that applies)*

**HOURS AUTHORIZED:\_\_\_MON - SUN \_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**JUSTIFICATION: EXCHANGE**\_/

**REQUESTED EXPIRATION DATE:**

(May NOT Exceed 1 year from today’s date

**DESTINATION:** **Nellis AFB**

***If you need access to Creech AFB, you must coordinate your request with Creech Pass & ID***

***(702) 404-2318/0075)***

2. The individual listed above has been briefed on installation entry procedures and conduct while on Nellis AFB. Upon termination of the contract or termination of employment, the installation pass will be returned to the Visitor Control Center or Pass and ID.

**SPONSOR’S DOD ID#:**

**SPONSOR’S SIGNATURE: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_**