DD Mmm YY

MEMORANDUM FOR 35 SFS/S-5/PR

FROM: RANK, LAST, FIRST MI., UNIT, USAF

SUBJECT: Request for Issuance of AF Form 75, Escorted/Unescorted Base Pass for 30 Days or Less

1. I would like to request issuance of AF Form 75, Escorted/Unescorted Base Pass, for Mr/Mrs. First M Last Name. He/She is a citizen of the United States of America, Passport #999999999, DOB DD MMM YYYY. Health insurance company and policy number, Explain reason for visit (i.e. get married, visit friends/family, etc). They will be staying/working (be specific/list locations of living and work). None of these personnel meet the criteria established within USFJ 31-204 and AFMAN31-113 PACAFSUP*.* If approved, this authorization will be valid from 01 Jan 2007 to 01 Apr 2007 during the following hours: XXXX-XXXX.

**Visitor’s Demographics**: **Vehicle Demographics**:\*Delete not required\*

Natural Hair Color – Brown Make - Honda

Natural Eye Color – Brown Model - Civic

Current Height - 65” Vin/Serial – GD9-1001055

Current Weight - 115lbs License Plate # H500Y876

2. I acknowledge the following:

a. If approved, this letter authorizes sponsorship onto Misawa Air Base, via AF Form 75, Escorted/Unescorted Base Pass for 30 Days or Less.

b. Sponsor assumes sole responsibility to ensure all directives are followed and agrees full responsibility for the actions of the visitor.

c. Sponsor will ensure the visitor is briefed that deviation from intended route and purpose will result in immediate termination of base pass and removal from base.

d. Visitor is responsible for maintaining Travelers Health Insurance while on the installation.

3**.** IAW 35 FW Crisis Action Team Directives (CATDs) Unit commanders or higher are required to assess risk prior to requesting access to Misawa AB. Commanders will utilize the standardized screening questions and they will also utilize Hot spots and Temporary Restricted Areas distributed by Public Health when conducting their assessment. If visitors are coming from or have visited an HPCON Charlie installation and/or a moderate or higher risk location in the last 14 days, unit commander must coordinate with Public Health for risk assessment.

4**.** I understand that I am responsible for the actions of all guests and that they must be accounted for at all times while on the installation. I also confirm that current Hot Spots/Temporary Restricted Areas and Public Health was contacted/reviewed for risk assessment prior to approval of access to Misawa AB. In the event of any problems, please contact myself at DSN: 226-0000 or at [first.last@us.af.mil](mailto:first.last@us.af.mil).

YOUR NAME, Rank, USAF

Duty Title, Squadron

1st Ind, 35 Your Squadron/CC

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Recommend Approval/Disapproval

JOHN H. DOE, RANK, USAF

Commander, 35th Your squadron

2d Ind, 35 SFS/S-5/PR

MEMORANDUM FOR 35 SFS/S-5/PR

Request Approved/Disapproved

GABRIEL G. MELOCOTON, TSgt, USAF

NCOIC, Pass & Registration, 35 SFS