**BARKSDALE AIR FORCE BASE MUSEUM ACCESS PASS REQUEST FORM**

(THIS FROM IS SUBJECT TO THE PRIVACY ACT OF 1974)

**INSTRUCTIONS**

Complete this form and email back to Jarad.Guerrerosalinas@us.af.mil, Elizabeth.Micaletti@us.af.mil, and Walton.Bankston@us.af.mil. Your information will be forwarded to Barksdale AFB Security Forces Pass and ID Office for processing. A National Crime and Information Center (NCIC) Criminal check will be conducted prior to granting access to the installation. Requests must be submitted **NO LATER THAN 30 DAYS PRIOR** to the confirmed visiting date you provide below. Everyone included on this form **MUST BE A US CITIZEN**. Non-citizens must use the Foreign Visitors Request Form.

This form must be filled out in its entirety to ensure processing of your request. **ALL INFORMATION BLOCKS ARE REQUIRED**. If there is missing information, Security Forces reserves the right to deny and discard your request without notice. Passes will be issued at the Barksdale AFB North Gate only (449 Davis Ave W, Bossier City, LA 71112). Passes will only be available at the North Gate on the confirmed visiting date you provide below. Request status can be verified by phone by calling the Barksdale AFB Security Forces Pass and ID Office, M-F, 7:30am-4pm (318-456-3106 / 318-456-3510 / 318-456-3180).

**REQUESTOR CONTACT INFORMANTION**

|  |  |  |
| --- | --- | --- |
| REQUESTOR NAME (Last, First, Middle): | CURRENT US BASED PHONE NUMBER: | CURRENT EMAIL ADDRESS: |
|  |  |  |
| REQUESTOR PHYSICAL HOME ADDRESS (Street number and name, City, State, Zip Code): |  |

**CONFIRMED DATE OF VISIT**

Passes, once approved, will only be available for this confirmed visit date you provide. This date must be **NO LESS THAN 30 DAYS** from the submission date of this form. Security Forces reserves the right to deny and discard your request without notice if this requirement is not met. If there are changes to your planned visit within the 30 days following submission of this form, contact the Barksdale AFB Security Forces Pass and ID Office, M-F, 7:30am-4pm (318-456-3106 / 318-456-3510 / 318-456-3180). No guarantees are made to accommodate a change of plans.

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| --- | --- |
| CONFIRMED DATE OF VISIT (YYYYMMDD): |  |

**ACKNOWLEDGEMENT**

By completing this requestor’s initials block below you affirm/swear that you have read and agree to adhere to all contained instructions, that information provided is true, and all blocks are filled out completely. Furthermore, a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to Barksdale AFB, within 24 hours, if you’re convicted of any criminal offenses that occur while you have unescorted access authority to Barksdale AFB.

By acknowledging with your initials, you give your consent to the search of your vehicle while it is entering on or leaving Barksdale AFB. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator. You also affirm that you understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws, permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access Barksdale Air Force Base.

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| REQUESTER INITIALS: |  |

**VISITOR INFORMATION**

Complete all blocks for each visitor 18 years or older, to include the requestor’s information. Minors are permitted base access while escorted by adults who have approved passes. No unaccompanied minors will be allowed access to Barksdale AFB. Ensure to complete and include the second page of this form if you have more than 2 visitors.

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| --- | --- | --- |
| VISTOR #1 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
|   |  |  |
| Date of Birth (YYYYMMDD): | Sex: | Race: |
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|  |  |  |
| --- | --- | --- |
| VISTOR #2 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
|   |  |  |
| Date of Birth (YYYYMMDD): | Sex: | Race: |
|  |  |  |

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**VISITOR INFORMATION CONTINUED**

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| VISTOR #3 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #4 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #5 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #6 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #7 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #8 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #9 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #10 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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| VISTOR #11 NAME (Last, First, Middle): | Driver’s License Number/State of Issue: | Social Security Number: |
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| Date of Birth (YYYYMMDD): | Sex: | Race: |
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