

APPENDIX A MCASO 5500.2W MCAS IWAKUNI Authorized Access Credentials

Appendix A contains samples of credentials that may authorize an individual access to Marine Corps Air Station (MCAS) Iwakuni. This list is not all-inclusive, and the presentation of a listed credential does not automatically grant access. PMO, under the direction and guidance of the MCAS Iwakuni CO, will make the final determination as to the validity and applicability of credentials presented for entry.

Common Access Card (CAC)

The CAC is an ID card for active-duty military personnel, Selected Reserve, DoD civilian employees, eligible contractor personnel, and Master Labor Contract (MLC)/Indirect Hire Agreement (IHA) employees without DBIDS access credentials.

Card Topology	
 United States Government FEB2013 → EXPIRATION DATE SAMPLE → FEDERAL IDENTIFIER Affiliation: Uniformed Services → AFFILIATION Agency: Department of Defense → SERVICE/AGENCY Marine Corps Expires: 2013FEB01 (W) → COLOR INDICATION DOE, JOHN Q. Pay Grade: E6 → PAY GRADE Rank: SSGT → RANK Integrated Circuit Chip (ICC) Geneva Conventions Identification Card	 Blood Type DoD Benefits Number Ghost Image Date of Birth: 1961FEB01 → DATE OF BIRTH 1401770611 → GENEVA CONVENTION CATEGORY DoD Identification Number (Also used as the Geneva Conventions Number)

Card Types & Eligibility

Card Type	Recipients	Affiliation
1) Armed Forces of the United States Geneva Conventions Identification Card  United States Government MAY2018 SAMPLE Affiliation: Uniformed Services Agency: Department of Defense Army Expires: 2018MAY04 (W) DOE, JOHN A. III Pay Grade: O2 → CPT Geneva Conventions Identification Card The standard card for active duty personnel in accordance with Geneva Conventions requirements.	- Active Duty Armed Forces - Selected Reserves - Reserve and National Guard Members on active duty more than 30 days - Contracted Reserve Officer Training Corps (ROTC) cadets - National Oceanic and Atmospheric Administration (NOAA) - U.S. Public Health Services (PHS)	Displays branch of Service

MCAS IWAKUNI Authorized Access Credentials

Card Type	Recipients	Affiliation
2) U.S. DoD and/or Uniformed Services Identification Card  The standard card for qualifying civilian employees, contractors, and foreign national affiliates who need access to DoD installations, and computer systems.	• DoD and uniformed Services civilian employees (appropriated and non-appropriated) • Eligible DoD, USCG, and NOAA contractors • Non-DoD civilian employees to include: USCG and NOAA, state employees working in support of the National Guard, Intergovernmental Personnel Act employees, and non-DoD federal employees working in support of DoD	• Senior Executive Service (SES) • Civilians • Civilian affiliates • Federal affiliates • Military affiliates
3) U.S. DoD and/or Uniformed Services Geneva Conventions Identification Card for Civilians Accompanying the Armed Forces  The standard card for civilians accompanying the Armed Forces.	• Emergency-essential civilian employees • Contingency contractor personnel	• Senior Executive Service (SES) • Civilians • Contractors

MCAS IWAKUNI Authorized Access Credentials

Card Type	Recipients	Affiliation
4) U.S. DoD and/or Uniformed Services Identification and Privilege Card  The standard card granting applicable benefits and privilege for civilian employees, contractors, and foreign national military, as well as other eligible personnel.	- DoD and uniformed Services civilian employees (appropriated and nonappropriated) when residing on a military installation within the United States and U.S. Territories and Possessions, or when stationed or employed and residing in foreign countries for at least 365 days - DoD contractors when stationed or employed and residing in foreign countries for at least 365 days - DoD Presidential appointees - Uniformed and non-uniformed full-time paid personnel of the Red Cross assigned to duty with the uniformed Services within the United States and U.S. Territories and Possessions, when residing on a military installation, or in foreign countries - Eligible foreign military	- Senior Executive Service (SES) - Civilians - Contractors - Civilian affiliates - Federal affiliates - Military affiliate

5) DoD Civilian Retiree Card (Terminated) 	The Defense Department has stopped issuing new DOD Civilian Retiree identification (ID) cards and will no longer renew existing cards. Advancements in installation security access control systems and procedures, and the implementation of the REAL ID Act, have necessitated the termination of the DOD Civilian Retiree ID card. Previously issued cards will remain valid through Aug. 31, 2023.
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Color Coding		
Blue Bar	Green Bar	White
 Non-U.S. Citizen	 Contractors	 All Remaining Personnel

MCAS IWAKUNI Authorized Access Credentials

Next Generation Uniformed Services Identification (USID) Card
ID Card for military family members and military retirees to access service benefits and privileges.



Card Type	Recipients
1) "Reserve" Armed Forces of the United States  Geneva Conventions Identification Card	- Members of the Individual Ready Reserves and Inactive National Guard - Non-CAC-eligible civilian noncombatant personnel deployed in conjunction with military operations overseas
2) "Retired" U.S. Department of Defense / Uniformed Services  Sponsor Identification and Privilege Card	- Retired members entitled to retired pay - Members of the Temporary Disability Retired List (TDRL) - Members of the Permanent Disability Retired List (PDRL) - Retired members of the Reserves and National Guard - Medal of Honor recipients 100% Disabled Veterans - Former members in receipt of retired pay - Transitional Health Care Member (TAMP) - Full-time paid United Service Organizations (USO) personnel when serving OCONUS - United Seaman's Service (USS) Personnel OCONUS - Officers and Crews of MSC vessels deployed to foreign countries - Select Employer Support of the Guard and Reserve (ESGR) personnel - Other benefits-eligible categories as described in DoD policy

MCAS IWAKUNI Authorized Access Credentials

Card Type	Recipients
3) "Spouse" U.S. Department of Defense / Uniformed Services  Dependent Identification and Privilege Card	<u>Dependents of:</u> - Active duty Service members of the regular components - Reserve component Service members on active duty for more than 30 days - Retirees - Medal of Honor recipients - Former members in receipt of retired pay - Transitional Health Care Members (TAMP) 100% Disabled Veterans - Ship's Officers and Crewmembers of NOAA Vessels - Reserve members not on active duty or in receipt of retired pay - Former members not in receipt of retired pay - Reserve Service members who die after receipt of NOE <u>Surviving Dependents of:</u> - Active duty and retired Service members - Medal of Honor recipients - Other benefits-eligible categories as described in DoD policy

Color Coding	
Blue Bar  Non-U.S. Citizen Sponsors and their Dependents	White  Current/Former Uniformed Service Members, their Dependents, and All Remaining Personnel

MCAS IWAKUNI Authorized Access Credentials

Legacy USID cards remain valid through their expiration date, however, individuals with an indefinite (INDEF) expiration date on their legacy USID card may replace those ID cards with a Next Generation USID card.



Legacy USID Card Type	Recipients
1) DD Form 2 (Reserve)  Armed Forces of the United States Geneva Conventions Identification Card	Members of the Individual Ready Reserves and Inactive National Guard
2) DD Form 2 (Retired)  United States Uniformed Services Identification Card	- Retired members entitled to retired pay - Members of the Temporary Disability Retired List (TDRL) - Members of the Permanent Disability Retired List (PDRL)
3) DD Form 2 (Reserve Retired)  United States Uniformed Services Identification Card	Retired members of the Reserves and National Guard under the age of 60

MCAS IWAKUNI Authorized Access Credentials

Legacy USID Card Type	Recipients
4) DD Form 1173  United States Uniformed Services Identification and Privilege Card	• Dependents of: active-duty Service members of the regular components; Reserve component Service members on active duty for more than 30 days; retirees; Medal of Honor recipients; former members in receipt of retired pay; Transitional Health Care Members (TAMP); 100% Disabled American Veterans (DAV); and Ship's Officers and Crewmembers of NOAA Vessels • Surviving dependents of: active-duty and retired military members; Medal of Honor recipients; and 100% Disabled American Veterans (DAV) • Accompanying family members of authorized civilian personnel overseas • Eligible dependents of foreign military • Other benefits-eligible categories as described in DoD policy
5) DD Form 1173-1  United States Uniformed Services Identification and Privilege Card (Guard and Reserve family member)	• Dependents of: Reserve members not on Active Duty or in receipt of retired pay; former members not in receipt of retired pay; Reserve Service members who die after receipt of Notice of Eligibility • Other benefits-eligible categories as described in DoD policy

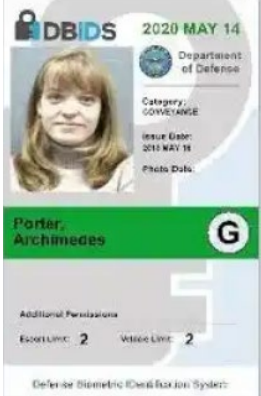
MCAS IWAKUNI Authorized Access Credentials

Legacy USID Card Type	Recipients
6) DD Form 2765  Department of Defense/Uniformed Services Identification and Privilege Card	• Medal of Honor recipients • 100% Disabled American Veterans (DAV) • Former members in receipt of retired pay • Transitional Health Care Member (TAMP) • Full-time paid personnel of the USO when serving outside the United States • United Seaman's Service (USS) personnel when serving outside the United States • Officers and Crews of MSC Vessels deployed to foreign countries • Select Employer Support of the Guard and Reserve (ESGR) personnel • Other benefits-eligible categories as described in DoD policy

MCAS IWAKUNI Authorized Access Credentials

Defense Biometric Identification System (DBIDS) Card

The Commanding Officer, MCAS Iwakuni has the overall responsibility and authority to ensure that 100 percent of all personnel entering MCAS Iwakuni are properly identified, fit for access, and have a legitimate purpose for access to MCAS Iwakuni. The integration of the Defense Biometric Identification System (DBIDS) assists with the identification and fitness of personnel attempting to access MCAS Iwakuni.

Color Coding			
Blue Bar	Red Bar	Green Bar	Yellow Bar
 MLC/IHA, JSDF, Foreign Contractor	 Emergency Essential Employee	 U.S. Contractor	 Other - Not Contractor, MLC or Foreign Civilian Employee

DBIDS Paper Pass

	Start Date:	01 Oct 2021	Expires:	01 Oct 2021
	VISITOR PASS Pass ID #: 1003-40334477 Name: IWAKUNI, Mary			
Visitor Advisory - Conditions of Visit - Limit your movement to authorized traffic ways. Examples of closed area signs: "RESTRICTED AREA" or "CONTROLLED AREA" - Observe traffic laws - Display vehicle pass on inside left corner of windshield while on base (Motorcycles - stick on windshield or front fork frame. Must be visible) - Person issued pass is responsible for others in party and will keep pass readily available to show proof of authorized visit by all. - After visit, please dispose of pass as directed by security police.		Sponsor Name: IWAKUNI, John Sponsor Phone: 253-0000 Site Name: Iwakuni Issued By:		
Visitor Signature		Remarks: 		
				

APPENDIX A

MCASO 5500.2W

MCAS IWAKUNI Authorized Access Credentials

Department of State One Badge

Color Coding



The entire white area below in the badge # will be **RED**, indicating compound only access.



U.S. Direct Hire (S)
Domestic Cleared Contractor (N)
Family (F)
Locally Employed Staff (L)
Other USG (O)
Press (P)
Vendor/Contractor (C)

Facility Access Card
If FAC, there will be no FAC code



USFJ453 (USFJ Installation Access Card)

1. ID#: USFJ453 USFJ Installation Access Card 2. GOJ Ministry: 3. Bureau: 4. Last Name: 5. First Name: 6. Iss Date: 7. Exp Date: 8. DOB: 9. Access: 10. Armed: 	This card must be accompanied with a pictured ID from related GOJ Ministry (Line 3) or bureau (Line 4). This card will be used in compliance with USFJ 31-206, <i>Joint Installation Access Control</i>. Bearer of this card has been validated via NCIC and USFJ debarment list. Installation access utilizing this card will only be granted to the installation(s) specified below at the hours specified. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Installation 1:</td> <td style="width: 40%;">Hours: </td> </tr> <tr> <td>Installation 2:</td> <td>Hours: </td> </tr> <tr> <td>Installation 3:</td> <td>Hours: </td> </tr> <tr> <td>Installation 4:</td> <td>Hours: </td> </tr> <tr> <td>Installation 5:</td> <td>Hours: </td> </tr> </table>	Installation 1:	Hours: 	Installation 2:	Hours: 	Installation 3:	Hours: 	Installation 4:	Hours: 	Installation 5:	Hours:
Installation 1:	Hours: 										
Installation 2:	Hours: 										
Installation 3:	Hours: 										
Installation 4:	Hours: 										
Installation 5:	Hours: 										
USFJ453 USFJ Installation Access Card 1. Last Name: 2. First Name: 3. GOJ Ministry: 4. Bureau: 5. ID#: 6. Iss Date: 7. Exp Date: 8. DOB: 9. Access: 	This card must be accompanied with a pictured ID from related GOJ Ministry (Line 3) or bureau (Line 4). This card will be used in compliance with USFJ 31-206, <i>Joint Installation Access Control</i>. Bearer of this card has been validated via NCIC and USFJ debarment list. Installation access utilizing this card will only be granted to the installation(s) specified below at the hours specified. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Installation 1:</td> <td style="width: 40%;">Hours: </td> </tr> <tr> <td>Installation 2:</td> <td>Hours: </td> </tr> <tr> <td>Installation 3:</td> <td>Hours: </td> </tr> <tr> <td>Installation 4:</td> <td>Hours: </td> </tr> <tr> <td>Installation 5:</td> <td>Hours: </td> </tr> </table>	Installation 1:	Hours: 	Installation 2:	Hours: 	Installation 3:	Hours: 	Installation 4:	Hours: 	Installation 5:	Hours:
Installation 1:	Hours: 										
Installation 2:	Hours: 										
Installation 3:	Hours: 										
Installation 4:	Hours: 										
Installation 5:	Hours: 										

MCAS Iwakuni DBIDS Credential Request**PRIVACY ACT STATEMENT****AUTHORITY:** 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397**PRINCIPAL PURPOSE:** Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.**ROUTINE USES:** Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.**DISCLOSURE:** Voluntary. Information is used to positively identify the individual making the statement and to check past criminal activity records. Failure to disclose any information may result in delay of processing.**PERSONNEL TYPE (CHECK ONE)**

- ☐ JMSDF Permanent Party Personnel
☐ JMSDF Dependent **OR** JMSDF Retired
☐ MLC/IHA
☐ MLC/IHA Dependent **OR** MLC/IHA Retired
☐ U.S. Contractor
☐ JN Contractor
☐ TCN Contractor
☐ DTCN Contractor (Signed Appendix G)
☐ Other (JGSDF, JASDF, U.S. Government Official, Authorized Insurance Agents,
OR _____)

Applicant Name (LAST, First M) (申請者名): _____

COMMAND (BRANCH/UNIT/COMPANY) OR ORGANIZATION/DIVISION/CONTRACT OF MCAS IWAKUNI		SPONSORING AGENCY POC TELEPHONE	SPONSORING AGENCY POC EMAIL
CONTRACT NUMBER (CTR ONLY)	CONTRACT WORK SITE LOCATION (CTR ONLY)	CONTRACT START (DD/MMM/YYYY)	CONTRACT END (DD/MMM/YYYY)

Sponsoring Agency Contract Manager/Supervisor(for MLC/IHA Retirees, CHRO) :_____
Sponsoring Agency (契約元機関名)_____
Supervisor Print (監督者名)_____
Signature of Supervisor (署名)_____
Date (日付)**Department Head (for MLC/IHA Retirees, Director of CHRO or Designee):**_____
Department Head Print (部門・部隊長名)
*Personnel Authorized by Appendix M_____
Signature of Department Head (署名)_____
Date (日付)**Provost Marshal or Designee:****Approved / Disapproved**_____
Provost Marshal/Designee Print_____
Signature_____
Date (日付)

APPENDIX B
MCAS Iwakuni DBIDS Credential Request

MCASO 5500.2W

To be completed by PMO / 憲兵隊記入欄

DBIDS#	EXPIRE DATE (DD/MMM/YYYY)
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APPLICANT INFORMATION To be completed by applicant: 申請者記入欄

APPLICANT NAME (LAST, FIRST M) 氏名 ローマ字		SEX 性別	SSN: () PASSPORT: ()		
氏名 漢字			ALIAN REGISTRATION CARD: ()		
			DRIVER'S LICENSE: ()		
			MY NUMBER: ()		
**ALIASES NAME, MAIDEN NAME, or OTHER NAME which were previously or/and currently used (Write down FULL NAME (L,F M)/Kanji, Print Name and Katakana) 別名(通称名)、旧姓、旧氏名など、現在の戸籍上の氏名以外で使用されている、又は、使用されたことのある全ての名前 (全てフルネームを漢字、ローマ字、カタカナで記入)					
DATE OF BIRTH (DD/MMM/YYYY) 生年月日	PLACE OF BIRTH(CITY, STATES and COUNTRY) 出生地 (市、県および国)	NATIONALITY 国籍	RACE 人種	CURRENT CITIZENSHIP 現在の市民権	FORMER CITIZENSHIP 以前の市民権
PERMANENT FULL ADDRESS 本籍地 ローマ字 漢字			CURRENT FULL ADDRESS 現住所 ローマ字 漢字		
EYE COLOR 目の色	HAIR COLOR 髪の色	HEIGHT 身長 inch cm	WEIGHT 体重 pound kg	RANK ランク(自衛官の場合)	
APPLICANTS' CONTACT NUMBER 申請者連絡先電話番号		MOS/OCCUPATION/JOB TITLE 職務又は職種	HELD PREVIOUS PASS? 過去のパス取得の有無 YES NO (Pass No:)		
PRIMARY COMPANY NAME 元請会社名		WORK TELEPHONE 元請会社電話番号/自衛隊内線	REQUEST HOURS OF GATE ACCESS 希望する入門時間 : ~ :		REQUEST DAY(S) OF GATE ACCESS 希望する入門曜日

VOLUNTARY DISCLOSURE

State honestly if applicant has previously been involved in an offense of criminal activity or violations of road traffic law. Willfully providing inaccurate or false information will result in permanent revocation of pass.

今までに道路交通法違反、刑法違反を犯したことが ある人は、正直にここに書いて下さい。故意に不明確だったり偽りの内容を記入した場合は パスの永久発行停止となります。

- 1) Criminal Act 刑法違反 () Yes あり () No なし
2) Road Traffic Violation 道路交通法違反 () Yes あり () No なし

If yes, please provide a description of the incident(s). 上記違反内容を述べて下さい。

Applicant:

I verify by my signature below that I will comply all rules and policies associate with issuance of the DBIDS Credential

Applicant Print (申請者名)

Signature of Applicant (署名)

Date (日付)

CUI

B-2

MCAS Iwakuni Escorted Restricted Area Access Request**MEMORANDUM**

Date: _____

From: _____
 Last Name, First Name Rank Unit Work Phone

To: Provost Marshal

Subj: MACAS IWAKUNI ESCORTED RESTRICTED AREA ACCESS REQUEST

Ref: (a) MCO 5530.14A
 (b) MCASO 3710.3X
 (c) MCASO 5500.2W
 (d) Contract Number (CTR Only)

Encl: (1) Appendix E (Escort Privileges Request) for Escort
 (2) Location Map with Access Route (CTR Only)
 (3) Copies of Worker's DBIDS Credentials (ALL)
 (4) Copies of AVOC License, US/SOFA/Japanese Drivers License and
 GME License of Escort (if applicable, with Contractor
 Supervisor's Full Name and Cellphone Number)

1. Per the references, it is requested that the following personnel be authorized escorted access to the indicated restricted area for the performance of their duties from _____ to _____. Personnel that also require vehicle gate access will receive additional approval with justification written below.

☐ FLIGHT LINE

☐ PORT AREA

☐ WATER AREA

☐ BUILDING# _____

☐ ROOM# _____

	NAME (LAST, FIRST M.)	RANK	DODID# /DBIDS#	ROTATION DATE/CONTRACT EXPIRATION DATE DD MMM YYYY	ESCORTS NAME (LAST, FIRST)	ESCORTS DODID# /DBIDS#	AVOC EXPIRATION DD MMM YYYY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: The individuals listed on this form MUST be ESCORTED into the respective RESTRICTED AREA AT ALL TIMES and WILL NOT be granted personal access.

MCAS Iwakuni Escorted Restricted Area Access Request

2. Justification of Esorted Access into a Restricted Area:

3. A copy of this authorization letter must be provided to the PMO Physical Security Section.

Requester:

Signature

Print Name & Date

Requester's Department Head/Unit CO/Unit XO/Unit SGTMAJ or CIV Equivalent):

Signature

Print Name & Date

Site Security Manager (If Applicable): ☐ Approved - ☐ Not Approved ☐ N/A

Signature

Print Name & Date

Airfield Operations (If Applicable): ☐ Approved - ☐ Not Approved ☐ N/A

Signature

Print Name & Date

Harbor Operations (If Applicable): ☐ Approved - ☐ Not Approved ☐ N/A

Signature

Print Name & Date

Physical Security: ☐ Approved - ☐ Not Approved

Signature

Print Name & Date

MCAS Iwakuni Unescorted Restricted Area Access Request**MEMORANDUM**

Date: _____

From: _____
 Last Name, First Name Rank Unit Work Phone

To: Provost Marshal

Subj: MCAS IWAKUNI UNESCORTED RESTRICTED AREA ACCESS REQUEST

Ref: (a) MCO 5530.14A
 (b) MCASO 3710.3X
 (c) MCASO 5500.2W
 (d) Contract Number (CTR Only)

Encl: (1) Location Map with Access Route (CTR Only)
 (2) Copies of Worker's DBIDS Credentials (SOFA-CTR Only)
 (3) Copies of AVOC License, US/SOFA/Japanese Drivers License and GME License (if applicable, with Contractor Supervisor's Full Name and Cellphone Number)

1. Per the references, it is requested that the following personnel be authorized unescorted access to the indicated restricted area for the performance of their duties from _____ to _____. Personnel that also require vehicle gate access will receive additional approval with justification written below.

☐ FLIGHT LINE ☐ PORT AREA ☐ WATER AREA
☐ BUILDING# _____ ☐ ROOM# _____

	NAME (LAST, FIRST M.)	RANK	DODID# /DBIDS#	ROTATION DATE/CONTRACT EXPIRATION DATE DD MMM YYYY	AVOC LICENSE (YES/NO)	AVOC EXPIRATION DD MMM YYYY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Note: This form is for UNESCORTED RESTRICTED AREA ACCESS only, if an individual requires an escort at all times, see Appendix C for "MCAS IWAKUNI ESCORTED RESTRICTED AREA ACCESS REQUEST".

MCAS Iwakuni Unescorted Restricted Area Access Request

2. Justification of Unesorted Access into a Restricted Area:

3. A copy of this authorization letter must be provided to the PMO Physical Security Section.

Requester:

Signature

Print Name & Date

Requester's Department Head/Unit CO/Unit XO/Unit SGTMAJ or CIV Equivalent):

Signature

Print Name & Date

Site Security Manager (If Applicable): ☐ Approved - ☐ Not Approved ☐ N/A

Signature

Print Name & Date

Airfield Operations (If Applicable): ☐ Approved - ☐ Not Approved ☐ N/A

Signature

Print Name & Date

Harbor Operations (If Applicable): ☐ Approved - ☐ Not Approved ☐ N/A

Signature

Print Name & Date

Physical Security: ☐ Approved - ☐ Not Approved

Signature

Print Name & Date

MCAS Iwakuni Escort Privileges Request**MEMORANDUM**

Date: _____

From: _____
Rank/Grade/Position Last name, First name, MI DODID#/DBIDS#

To: Provost Marshal (Attn: PMO Physical Security, Pass and Registration)

Subj: MCAS IWAKUNI ESCORT PRIVILEGES REQUEST

Ref: (a) MCO 5530.14A
(b) MCASO 3710.3X
(c) MCASO 5500.2W

Encl: (1) Background Record Check (if applicable)
(2) AVOC License and GME License (if applicable)
(3) Flightline Regulations Acknowledgement (if applicable)

1. Per the references, it is requested that the following personnel be granted escort privileges within the indicated area:

Name: _____ Rank(if applicable): _____ Organization: _____

Justification: _____

☐ NON-RESTRICTED AREA ☐ RESTRICTED AREA (NOTE: Include Encl (1), (2), (3))

Date/Time: Start: _____ End: _____

Requesting Official (*Personnel Authorized by Appendix M):

Requesting Official Print Name Signature Date

Airfield Operations (if applicable): ☐ Approved ☐ Not Approved ☐ N/A

Airfield Operations Print Name Signature Date

Harbor Operations (if applicable): ☐ Approved ☐ Not Approved ☐ N/A

Harbor Operations Print Name Signature Date

Physical Security (PS)/Pass & Registration Office (P&RO):☐ Approved ☐ Not Approved

PS or P&RO Print Name Signature Date

MCAS Iwakuni Outside Authorized Working Hours Request
(Submit to PMO Pass and Registration Office 5 Business Days in Advance)

MEMORANDUM

Date: _____
DD/MMM/YYYY

From: _____ / _____ / _____
Requester's Name Section/Company Name Phone Number
*Contract Manager (for contractors)
*Section Supervisor (for MLC/IHA)

To: Provost Marshal (Attn: PMO Pass and Registration Office)

Subj: MCAS IWAKUNI OUTSIDE AUTHORIZED WORKING HOURS REQUEST

Ref: (a) MCASO 5500.2W

1. Per the reference, this is a supplemental request to appendix B for the below listed employee to be granted station access to work outside of their original DBIDS Card/Pass authorized hours. Requestor acknowledges this request deviates from the original employment hours and understand this after hours access authorization will expire on the original contract termination date (as applicable), original issued DBIDS card expiration date or revoke (as appropriate).

☐ Copy of original contract, SPOT LOA, or Letter of Employment

☐ Schedule of multiple days/time/location - See enclosure (1)

Pass/DBIDS Card#: _____

Name (Last, First): _____

Location of After Hours Work: _____

Requested Date/Time/Days: _____

Start: _____ End: _____
Day (DD/MMM/YYYY) Time Day (DD/MMM/YYYY) Time

Days of Work: Sun, Mon, Tue, Wed, Thu, Fri, Sat

Requester's Name: *Contract Manager (for contractors) or Section Supervisor (for MLC/IHA):

Contract Manager/Supervisor Print Name Signature Date

Department Head: ☐ Approved - ☐ Not Approved

Print Name Signature Date
*Personnel Authorized by Appendix M

Provost Marshal or Designee: ☐ Approved - ☐ Not Approved

Print Name Signature Date

APPENDIX F
(SUPPLEMENTAL TO APPENDIX B)

MCASO 5500.2W

MCAS Iwakuni Outside Authorized Working Hours Request

	DBIDS PASS NO.	LAST NAME	FIRST NAME	WORK LOCATION	START DATE	END DATE	START TIME	END TIME
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

NOT VALID WITHOUT PMO STAMP / DATE

MCAS Iwakuni JSDF/Foreign Military Access Request

PMO USE ONLY	Received Date:	Approved Date:	Tracking#:
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- 1) This visit request should be submitted no later than (10) days prior to the date of the requested visit.
当基地への立入希望者は立入希望日の(10)営業日前迄にこの書類を提出のこと
- 2) Any visit that contains an O-6 equivalent (or higher), notify the Station CO.
O-6以上の立入の場合は基地司令に知らせること
- 3) This form is for Host Nation/Foreign Military personnel visit ONLY.
本立入許可申請書は現役の自衛隊員及び他国の軍人の訓練、演習、岩国基地通過、兵站等の目的の際に利用のこと

1) Purpose of the Visit: 立入目的

2) Access Request Information: 立入情報
☐ One Day ☐ Multiple Day

➤ Organization of Guests: ゲスト組織名

Total Number of Guests: ゲスト総数

➤ Required numbers of Escorts: 必要エスコート人数 → PMO USE ONLY PMOにて記入します

Entry Gate: 入門 Date: _____ Time: _____ ☐ Reg size Vehicle and/or Mini Bus () 台 ☐ Truck and/or Medium/Large Bus () 台 ☐ Aircraft ☐ Ship/Boat	Exit Gate: 出門 Date: _____ Time: _____ ☐ Reg size Vehicle and/or Mini Bus () 台 ☐ Truck and/or Medium/Large Bus () 台 ☐ Aircraft ☐ Ship/Boat
Coordinate with PMO Japanese Security Guard (JSG) for any changes on access information no later than one day in advance. 基地への入出門に係る変更は、必ず前日までに PMO 警備隊(JSG)と調整して下さい。 JSG Business Hours: Mon-Fri/0800-1600, 253-4849 After Hours/U.S Holidays: 253-3245	

➤ What assistance are you requesting and from whom? 岩国基地側へ特に必要な支援等あれば記入のこと

3) Sponsoring Unit/Department POC and Signature : スポンサー部隊・部署情報, 責任者サイン

Unit: 部隊名 Section: 部署名 POC Name: 担当者氏名 Rank: 階級 Phone#: 電話番号

Name: 責任者氏名 Rank: 階級 Phone#: 電話番号 Signature: 責任者サイン

MCAS Iwakuni JSDF/Foreign Military Visit Request

4) Schedule of Visit:スケジュール 全て詳しくご記入下さい。スペースが足りない場合は別紙(G-4)を添付して下さい。

<u>Date</u> 日	<u>Time</u> 時	<u>Location/Bldg#</u> 場所/建物番号	<u>Activity Description</u> 行動内容

5) Special Requirements

A) Flight Line Access ☐ YES ☐ NO			
Access Hours: -	Gate#: Bldg#:	/Bldg Name:	
Transportation: ☐ On Foot ☐ GOV	AVOC EXP Date:		
Escort with AVOC:	Restriction Code: Control Management Area (CMA) ☐ Apron Only ☐ CMA ☐ Non-CMA		
Station Airfield Operations ☐ Concur ☐ Non-Concur		Print Name/Date: Signature	

B) Port Access ☐ YES ☐ NO		Restricted Water ☐ YES ☐ NO	
Access Hours:	Bldg#:	Bldg Name:	
Harbor Operations (Logistics) ☐ Concur ☐ Non-Concur		Print Name/Date: Signature	

C) Restricted Area Access ☐ YES ☐ NO	
PMO Physical Security ☐ Concur ☐ Non-Concur	Print Name/Date: Signature

D) Photo Equipment ☐ YES ☐ NO		(Photo Req#)	
Security Management Office ☐ Concur ☐ Non-Concur		Print Name/Date: Signature	

Provost Marshal's Approval	
☐ Approved ☐ Disapproved	Print Name/Date: Signature

MCAS Iwakuni JSDF/Foreign Military Visit Request

Tracking# _____

Name of Escort: _____ Grade: _____ Unit Name: _____

TEL#: _____ Lodging(宿泊): N/A なし / On Base / Off Base
Work Cell Phone (Circle one of above) 宿泊があればいずれかを選択From: _____ To: _____
Time Date Time Date

*** Everything except the address needs to be in both Japanese and English 住所以外は全て日本語、英語で記入のこと

PRINT NAME (氏名-漢字+ローマ字)		PRESENT ADDRESS (現住所)	MILITARY ID	UNIT NAME 部隊名 部署名	RANK TITLE 階級
DOB (生年月日-西暦) / AGE (歳)			TYPE OF ID		
COUNTRY OF CITIZENSHIP (国籍)		PHONE# (電話番号)			
1					
2					
3					
4					
5					
6					
7					
8					

() Page / Total () Pages

Schedule スケジュール 別紙

[illegible]

MCAS Iwakuni Official Visit/Business Access Request

** This Access Request is only for short term (1-7 days).
 ** You must submit this request at least 3 business days in advance to PMO.
 ** Restricted Area Access Request requires Appendix C or D submitted to PMO Physical Security.
 ** Guest(s) must be escorted at all times.

Name of Sponsor: _____ Grade: _____ DoD ID#: _____

Organization/Unit: _____ TEL: _____
 Work Phone _____ Cell Phone _____

Name of Escort: _____ Grade: _____ DoD ID#: _____

From: _____ Time _____ Date _____ To: _____ Time _____ Date _____ Sponsor Email: _____

Destination: _____ Business Purpose: _____

**国籍が日米以外のゲストはパスポートの写真のページを添付/ If guest is not a Japanese or US citizen, a passport copy of the photo page is required

PRINT NAME (氏名-漢字+ローマ字)	NATIONALITY (国籍)	HOME ADDRESS (住所)	COMPANY NAME (会社名)	VEHICLE 車両番号	PMO
DOB (生年月日-西暦) / AGE (歳)	*ID# (read below)	PHONE# (電話番号)			
1					
2					
3					
4					
5					
6					
7					
8					

1) Your respective guest(s) must check in upon entering the installation and be issued a DBIDS pass. A ***valid picture ID** is required at the Gate when checking in. **(*ID - Passport, Residence Card, Work Visa, Driver's License (JN only) - pls ask PMO all other IDs)** 2) DBIDS Passes must be returned to the Gate Sentry when your guest(s) exit the installation. 3) A violation of this authorization may result in disciplinary action up to termination of sponsorship privileges.

PMO Approving Official

Sponsor Signature

Print Name

MCAS Iwakuni Sample Letter of DTCN Access Request

From: Sponsor of the DTCN Visitor(s), Organization
 To: Commanding Officer, Marine Corps Air Station Iwakuni
 Via: (1) Supervisor/Officer-In-Charge, Sponsoring Organization
 (2) Commanding Officer, Sponsoring Organization
 (3) Provost Marshal

Subj: MCAS IWAKUNI DESIGNATED THIRD COUNTRY NATIONALS (DTCN) ACCESS REQUEST

Ref: (a) MCASO 5500.2W

Encl: (1) Personal Visitor Request (APPENDIX K) or DBIDS Access
 Authorization Request (APPENDIX B)
 (2) Visitor Information
 (3) Copy of Applicant's Foreign Passport(s)-All Pages (color)
 (4) Proof of Familyship (for personal visitation only)
 (5) Letter of Employment (for contractor only)
 (6) Personal History Statement (for contractor only)
 (7) Copy of Applicant's Residence Card, Special Permanent
 Resident Certificate (if applicable)

1. Access is requested for the following individuals as below:

<u>Name of Visitor</u> (Last, First Middle)	<u>Country</u>	<u>Relationship to the Sponsor</u> (or Company Name)
a.-----	-----	-----
b.-----	-----	-----
c.-----	-----	-----

- Dates: (01 JAN 20xx - 31 JAN 20xx), xx days
- Days of the Week: (Mon, Fri or Mon-Fri) --→ For Contractor only
- Hours: (0600-1800, 0400-2400) --→ For Contractor only
- Contract Number: _____ --→ For Contractor only
- Purpose of access:
 (Please specify what type of job and location of job)

2. The point of contact for this request is Mr. J. P. Smith at
john.smith@anywhere.com or 645-####/090-xxx-xxxx.

 Sponsor's Signature

MCAS Iwakuni Sample Letter of DTCN Access Request

Date: _____

From: Supervisor/Officer-In-Charge, Sponsoring Organization
To: Commanding Officer, Marine Corps Air Station Iwakuni
Via: (1) Commanding Officer, Sponsoring Organization
(2) Provost Marshal

1. Forwarded, recommending approval/disapproval.

Print Name_____
Signature

SECOND ENDORSEMENT

Date: _____

From: Commanding Officer, Sponsoring Organization
To: Commanding Officer, Marine Corps Air Station Iwakuni
Via: Provost Marshal

1. Forwarded, recommending approval/disapproval.

Print Name_____
Signature

THIRD ENDORSEMENT

Date: _____

From: Provost Marshal
To: Commanding Officer, Marine Corps Air Station Iwakuni

1. Forwarded, recommending approval/disapproval.

Print Name_____
Signature

FINAL DECISION

Date: _____

From: Commanding Officer, Marine Corps Air Station Iwakuni
To: Sponsor of the DTCN Visitor(s), Organization

APPROVED/ _____ DISAPPROVEDComments:

Print Name_____
Signature

MCAS Iwakuni Parental Permission Statement

I (Parent) authorize my child to visit MCAS Iwakuni written as below.

私は私の子供が下記の内容で岩国基地に滞在する事に同意します。

CHILDS NAME (LAST, FIRST, MIDDLE) 子供の名前 (漢字) / (ローマ字)		DATE OF BIRTH (DD/MMM/YYYY) 子供の生年月日	AGE 年齢
DATE OF VISIT 入門希望日	TIME OF VISIT 入門希望時間 ~	PURPOSE OF VISIT 入門目的 or 参加イベント名	DESTINATION 目的地
PARENT ADDRESS/PHONE NUMBER 親の住所 親の電話番号 () -		PARENT NAME/SIGNATURE 親の氏名・漢字/ローマ字 (自署で記入)	

**This original parental permission statement must be submitted to PMO with the "Personal Visitor Request (APPENDIX K)" prior to visitation date.

この承諾書の原本は"Personal Visitor Access Request (APPENDIX K)"と共に希望する入門日の前日までに PMO へ提出して下さい。

Sponsor Input: スポンサー記入欄

Sponsor Name: (スポンサー氏名)	Unit/Org Name: (所属組織)	Cell Phone#: (携帯番号)
Signature of Sponsor (スポンサーのサイン):		

SAMPLE (承諾書 記入例)

親御さんはこの青枠内の部分をご記入下さい

I (Parent) authorize my child to visit MCAS Iwakuni as below.

私は私の子供が下記の内容で岩国基地に滞在する事に同意します。

CHILDS NAME (LAST, FIRST, MIDDLE) 子供の名前 (漢字) / (ローマ字) 岩国 次郎 / IWAKUNI, Jiro		DATE OF BIRTH (DD/MMM/YYYY) 子供の生年月日 31 / Dec / 20xx	AGE 年齢 9
DATE OF VISIT 入門希望日 31 / Dec / 20xx	TIME OF VISIT 入門希望時間 10:00 ~ 16:00	PURPOSE OF VISIT 入門目的 or 参加イベント名 Visiting friend/Halloween etc.	DESTINATION 目的地 Food Court
PARENT ADDRESS/PHONE NUMBER 親の住所 岩国市三角町 1-X-X 親の携帯番号 080-xxxx-xxxx		PARENT NAME/SIGNATURE 親の氏名・漢字/ローマ字 (自署で記入) 岩国 太郎/ IWAKUNI, Taro	

*This original parental permission statement must be submitted to PMO with the "Personal Visitor Request (APPENDIX K)" prior to visitation date.

この承諾書の原本は"Personal Visitor Access Request (APPENDIX K)"と共に希望する入門日の前日までに PMO へ提出して下さい。

Sponsor Input: スポンサー記入欄

Sponsor Name: (スポンサー氏名) John Doe	Unit/Org Name: (所属組織) PMO,H&H	Cell Phone#: (携帯番号) 090-xxxx-xxxx
Signature of Sponsor (スポンサーのサイン): John Doe		

MCAS Iwakuni Personal Visitor Access Request

MUST SUBMIT TO PMO 10 BUSINESS DAYS IN ADVANCE

(1-DAY/EXTENDED/COMREL Event)

Name of Sponsor: _____ Grade: _____ DoD ID#: _____

Organization/Unit: _____ TEL#: _____
Cell Phone _____ Work _____

Email: _____ QTRS#: _____ Purpose: _____

Name of Escort: _____ Grade: _____ DoD ID#: _____

From: _____ Time _____ Date _____ To: _____ Time _____ Date _____ () days VEH: _____
Number of Vehicles

**17 歳以下で親の同伴がない場合は承諾書が必要/ Children 17 years old or younger traveling without their parents need to attach signed Parental Statement.

**国籍が日米以外のゲストはパスポートの写真のページを添付/ If guest is not a Japanese or US citizen, a passport copy of the photo page is required

**ID# for Japanese National(JN) - Passport, Driver's License, Health Insurance Card - pls ask PMO for all other IDs

PRINT NAME OF GUEST (氏名)		COUNTRY OF CITIZENSHIP (国籍) HOME ADDRESS (現住所) TEL# (電話番号)	Passport# (For JN, See above Other Acceptable IDs)	RELATION TO SPONSOR	PMO Input Escort Required
DOB (生年月日) DD/MMM/YYYY, AGE (歳)					
1					
2					
3					
4					
5					
6					
7					
8					

I have read and understood the PRIVACY ACT STATEMENT and Escort Policy and will comply as required. (on 2nd page)

Sponsor's Signature _____

LODGING ENDORSEMENT REQUIRED
FOR EXTENDED PASS
ON THE BACK SIDE

PMO Approving Official _____

PRINT NAME

CUI

PRINT NAME

MCAS Iwakuni Personal Visitor Access Request

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE: Voluntary. Information is used to positively identify the individual making the statement and to check past criminal activity records. Failure to disclose any information may result in delay of processing.

1) I UNDERSTAND THAT MY GUEST(S) MUST BE ESCORTED AT ALL TIMES WHILE ON THE INSTALLATION UNLESS OTHERWISE SPECIFIED.

2) My guest(s) must check in at the Main Gate Visitor Center prior to entering the installation and be issued a DBIDS pass. A valid photo I.D., proof of citizenship, and proof of legal entry into Japan are required.

3) Facility access by my guest(s) is contingent upon individual facility policies and should be addressed with each facility directly.

4) 1-day visitors are approved to be signed-on and access MCAS Iwakuni between 0600 and 2359 daily, unless otherwise authorized. All 1-day visitors must depart the installation prior to 0030 unless otherwise authorized.

5) As the sponsor of my guest(s), I assume responsibility for their conduct and/or misconduct and/or any damages incurred while aboard the installation due to their conduct as well as ensuring their proper use of MCAS Iwakuni facilities. I will ensure my guest(s) are familiar with applicable military and Japanese laws that govern their conduct. Further, I understand that my guest(s) do not possess SOFA status and are responsible for meeting/maintaining Visa requirements.

6) In case my guest(s) needs to extend their stay (over 30 days in TLF/Kintai, 90 days in on-base Housing), an extension request (page K-3, K-4) must be submitted 14 business days in advance of the pass expiration date to be approved by the CO, MCAS Iwakuni. This form can be picked up at PMO.

7) A violation of this authorization may result in disciplinary action up to termination of sponsorship privileges.

8) I understand that I must provide a legible **passport copy of the photo page of any guest(s) who holds a passport in a country other than the U.S. or Japan**, who are not a Designated Third Country National (DTCN). DTCN guest(s) require prior approval from the MCAS Iwakuni Commanding Officer.

****For a list of DTCN countries, and for access requirements for DTNC guest(s), please contact PMO.**

LODGING INFORMATION & ENDORSEMENT REQUIRED FOR EXTENDED PASS

I REQUEST MY GUEST(S) BE AUTHORIZED TO STAY AT (CHECK APPROPRIATE BOX):

☐ FAMILY HOUSING	☐ BACHELOR HOUSING	☐ TLF/ ☐ KINTAI INN
MAIN/ATAGO BLDG&RM#:	BLDG&RM#:	ROOM#

It is not authorized to request extended visitation pass for guests staying off-base. Sponsors are required to register their guests at the visitor center at the Main Gate or Atago Gate for every day of access.

Housing Signature

BOQ/BEQ Signature

TLF/Kintai Inn Signature

PRINT NAME

PRINT NAME

PRINT NAME

CUI

K-2

MCAS Iwakuni Personal Visitor Access Request (Extension)

Date: _____

From: _____
(Sponsor's Rank, Name, EDIPI/MOS, Unit/Dept)

To: Commanding Officer, Marine Corps Air Station Iwakuni

Via: (1) Requester's Unit/Dept. Commanding Officer
(2) Military Family Housing (or TLF, Kintai Inn, BEQ/BOQ)
(3) Facilities Officer (*required only when guest(s) staying in Housing)
(4) Provost Marshal Office

Subj: REQUEST FOR EXCEPTION TO POLICY (ETP) FOR EXTENSION OF
PERSONAL VISITOR ACCESS OVER 30/90 DAYS

Ref: (a) MCASO 5500.2W

Encl: (1) Current DBIDS Paper Pass
(2) MCAS Iwakuni Personal Visitor Request (APPENDIX K)
(3) Copy of Passport (proof of extension by JN immigration)

1. I would like to request an ETP for the Installation Access as follows:

- a. Visitor's Name: _____
- b. Relationship to the Sponsor: _____
- c. Current DBIDS Pass: from _____ to _____ (____) days
- d. Extension Period: from _____ to _____ (____) days
- e. Housing Address: _____
- f. Justification: _____

2. POC: (e-mail) _____ or DSN _____

Sponsor's Signature

FIRST ENDORSEMENT

Date: _____

From: Requester's Unit/Dept. Commanding Officer

To: Commanding Officer, Marine Corps Air Station Iwakuni

Via: (1) Military Family Housing
(2) Facilities Officer
(3) Provost Marshal

1. Forwarded, recommending ☐ approval/ ☐ disapproval.

Print Name_____
Signature

MCAS Iwakuni Personal Visitor Access Request (Extension)

SECOND ENDORSEMENT

Date: _____

From: Military Family Housing (or TLF, Kintai Inn, BEQ/BOQ)
To: Commanding Officer, Marine Corps Air Station Iwakuni
Via: (1) Facilities Officer (if applicable)
(2) Provost Marshal

1. Forwarded, recommending ☐ approval/ ☐ disapproval._____
Print Name_____
Signature

THIRD ENDORSEMENT

Date: _____

From: Facilities Officer (*required only when guest(s) staying in Housing)
To: Commanding Officer, Marine Corps Air Station Iwakuni
Via: Provost Marshal

1. Forwarded, recommending ☐ approval/ ☐ disapproval._____
Print Name_____
Signature

FOURTH ENDORSEMENT

Date: _____

From: Provost Marshal
To: Commanding Officer, Marine Corps Air Station Iwakuni

1. Forwarded, recommending ☐ approval/ ☐ disapproval._____
Print Name_____
Signature

FINAL DECISION

Date: _____

From: Commanding Officer, Marine Corps Air Station Iwakuni

To: _____
Sponsor's Rank, Name, EDIPI/MOS, Unit/Dept

APPROVED/ _____ DISAPPROVED

Comments: _____

Print Name_____
Signature

MCAS Iwakuni Report/Request for Reissuance/Termination of Lost/Stolen DBIDS Credential

MEMORANDUM

Date _____

From: _____ (Name of Requester)
 _____ (Name of Unit/Organization/Company)
 To: Supervisor, Pass and Registration Office
 Via: _____ (Sponsoring Unit/Organization of MCASI)
 Subj: MCAS IWAKUNI REPORT/REQUEST FOR REISSUANCE/TERMINATION OF LOST/STOLEN
 DBIDS CREDENTIAL
 Ref: (a) MCASO 5500.2W

1. It is requested that the following pass be reissued/terminated:
 - a. Contract number/activity employed in: _____
 - b. Name of employee: _____
 - c. Lost pass number/Total count of lost: _____ / _____ time(s)
 - d. Circumstances concerning the lost pass: _____

 - e. A diligent search has been made to recover the lost pass.

Requester Print_____
Requester Signature_____
Date**FIRST ENDORSEMENT**

From: _____ (Name of Department Head) *Personnel Authorized by Appendix M
 _____ (Name of sponsoring Unit/Organization of MCASI)

To: Supervisor, Pass and Registration Office
 1. Forwarded for action.

Department Head Print_____
Department Head Signature_____
Date**ACKNOWLEDGMENT**_____
P&RO Print_____
P&RO Signature_____
Date

MCAS Iwakuni Statement of Understanding for Official Signers

Date: _____

I _____ (Requester's Name) acknowledge the following:

1. Only MCAS Iwakuni (MCASI) Departments Heads, MCASI Tenant Commanders or the Officers-In-Charge (OICs) of detachments or other organizations permanently assigned to MCASI may sign Appendix B, E, F, L, N of MCASO 5500.2W for an individual to receive access to MCASI. If the Department Head, Tenant Commander, or OIC is unavailable due to TAD or leave, the respective Deputy Department Head, Acting Commander, or Acting OIC may sign such a request once he or she signs a copy of this form and receive Station CO/XO's approval. This authority cannot be further delegated unless approved by the CO/XO, MCASI.
2. By signing a request for an individual to receive a DBIDS credential or other access request to enter MCASI, I am certifying that the individual has a legitimate reason for gaining access to MCASI in an official or professional capacity that contributes to the success of MCASI. I will not sign a request that involves VIPs (O-6 or civilian equivalent or above), members of the media, or an individual desiring to enter MCASI for a personal visit. VIPs and Media personnel, whether for a personal or official visit, require the approval of the CO/XO, MCASI. If in doubt as to whether someone has a need to access MCAS Iwakuni, consult with the Provost Marshal or the CO/XO, MCASI.
3. The failure to properly certify whether a person has a need to access MCAS Iwakuni, or the failure to follow the requirements of this statement of understanding may result in prosecution under the Uniform Code of Military Justice or other adverse action. Violations of this Order by members of the civilian component or dependents may result in appropriate administrative remedies. Once this request has been approved, the approved letter needs to be submitted to PMO Pass and Registration Office by the requesting organization.
4. This authorization letter is effective for 24 months from the date signed. If an extension is required, the requester will coordinate with the Station Adjutant Office prior to its expiration otherwise a new request must be submitted.
5. Justification for this request is as below:

6. The point of contact for this request is (Requesting Department's OIC):

OIC Name	Unit/Dept./Section	Rank/Title	DSN
Requester's Signature	Requester's Print Name	Rank/Title	Service

MCASI CO/XO:☐ Approved - ☐ Not Approved

Print Name	Signature	Date
------------	-----------	------

MCAS Iwakuni Inactive DBIDS Credential Activation Request

Date: _____

From: (Requester's Name) _____

Unit/Dept: _____ Phone#: _____

To: Pass and Registration Office, Provost Marshal Office

Request Visit Date/time	Date (dd/MMM/yyyy)	Time	-
Purpose of Visit (in detail):			
Visitor's Info			
Name	Title	Employer	DBIDS#
Section Name or Individual for the Visit:	Bldg Name:	Bldg#:	
MCASI POC info:			
Name	Work Section	Phone#	

** Restricted Area Access is required Appendix C or D separately.

I have read and understood the content of MCASI Order 5500.2W and will comply as required.

Requester (Authorized by Appendix M): Print Name	Signature:	Date: (dd-MMM-yyyy)
PMO Official: Print Name	Signature:	Date: (dd-MMM-yyyy)