

LONG TERM PASS APPLICATION

AUTHORITY: Section 3101, Title 44, United States Code, DoD Directive 5200.8, AFI 33-332, USC Section 797A

PRINCIPAL PURPOSE: Obtain pertinent visitor information used by security personnel to document suitability for access to Luke AFB, Arizona. The Social Security Number (SSN) and Date of Birth (DOB) are required to identify the person of record.

INTENDED USE: Mandatory for any individual(s) who are not are authorized a Common Access Card, but require access to Luke AFB for a period less than one year.

DISCLOSURE: Disclosure of requested information is mandatory. Failure to provide truthful, complete and accurate responses may be used as a basis to deny entry to Luke AFB and is also punishable as a criminal offense. The Privacy Act Statement will apply throughout the duration of the Air Force visit.

1	SPONSOR NAME: Wayland Baptist University ADDRESS: 7383 N Litchfield Rd #3142 PHONE NUMBER: 623-856-3240 POC – Debbie Daniels/Debra Funk				
2	LAST NAME:		FIRST:		MIDDLE INITIAL:
3	PURPOSE FOR PASS:				
4	OTHER NAMES ALSO USED (if none, write "NONE")			SOCIAL SECURITY NO:	
5	DATE OF BIRTH (Month/Day/Year):				
6	DRIVER LICENSE NO:			STATE OR COUNTRY:	
7	STREET ADDRESS (No P.O. BOXES):				
8	CITY:		STATE:	COUNTRY:	
9	COUNTRY OF CITIZENSHIP:				
10	RESIDENT ALIEN NO. OR IMMIGRATION DOCUMENT NO. AND DESCRIPTION:				
11	BIRTHPLACE:(CITY)		(STATE)	(COUNTRY):	
12	MALE: _____	FEMALE: _____		RACE:	
13	HAIR COLOR:	EYE COLOR:	HEIGHT:		WEIGHT:
14	VEHICLE MAKE:	MODEL:	COLOR:	PLATE#:	STATE:

Have you ever been arrested/convicted in any jurisdiction or country of a Misdemeanor or Felony crime (Excluding Minor Traffic Citations)? YES _____ NO _____ (IF YOU ANSWERED YES, PLEASE PROVIDE A FULL EXPLANATION/YEAR)
The information you provide will be verified through state and federal criminal history record checks:

I understand that willfully falsifying or omitting information on this application can result in barment from the installation, a fine, imprisonment or both (18 U.S.C. Section 1001).

Applicant Signature _____ Date: _____

56 SFS Officer: _____ Date: _____

*****NOTE***:** Applicant(s) must attach and return the completed package to 56 SFS (South Gate/Visitor Reception Center), along with 2 forms of identification: **(1)** Valid state issued driver's license or Identification Card; **(2)** - INS registration, Social Security Card, or Official Passport. Vehicle operators require current vehicle registration and certificate of automobile insurance.