DEPARTMENT OF THE AIR FORCE
97TH AIR MOBILITY WING (AETC)
ALTUS AIR FORCE BASE OKLAHOMA

MEMORANDUM FOR 97 SFS/S5D

FROM: _____ (Sponsor)

SUBJECT: Altus Air Force Base (AAFB) Defense Biometric Identification System (DBIDS) Card Application

1. I am requesting to sponsor the below individual for unescorted entry into Altus AFB between the following **dates** _____ - _____. This person will be conducting **these services** while on Altus AFB: _____ for **this company** _____.
He/she requires base access during **these times** _____ - _____ and the days checked below:

Sunday☐ Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Friday☐ Saturday☐

Full Name: _____

Date of Birth: _____ State of Birth: _____ Country of Birth: _____

Hair Color: _____ Eye Color: _____ Height: _____" Weight: _____lbs

Race: Caucasian☐ African American☐ Asian☐ Hispanic☐

Other (specify): _____

Address: Apt #: _____ Street: _____ City: _____

State: ____ Zip/Postal Code #: _____

Driver's License/State ID #: _____ SSN: _____

Cell/Home Phone #: _____ Work/Supervisor's #: _____

2. I am sponsoring this person on behalf of _____ (organization). Upon expiration of the pass, termination of their duties, or I am no longer sponsoring this individual, I will ensure my sponsored individual returns their card to Bldg #428/Visitor Center.

3. If there are any questions or concerns in regards to this application or sponsored individual, I can be contacted at my cell/work #: _____ and/or e-mail at: _____. By signing this memorandum I have verified this person's need for access to the installation and agree to take responsibility of this individual.

_____
(Sponsor's Signature)

1st Ind, _____ (Sponsored Individual's First & Last Name)
MEMORANDUM FOR 97 SFS/S5D
I authorized the use and release of my personal information to Altus AFB, Oklahoma, to accomplish a national criminal background check to determine my ability to access Altus AFB. If I am denied access to the installation my signature below will constitute as my acknowledgement and is not an admission of guilt. I will receive a copy of this memorandum if denied.

_____
(Sponsored Individual's Signature)

Notes: Application is only valid for 30 days after date of initiation.
If this is for Windy Trails Golf Course, Rivers Elementary, or Education Center, then this will be made as an **Altus Pass**.

Issue Date of Pass: _____
Expiration/Denial Date: _____
FPCON Granted: _____
Issued/Denied By: _____
Approved/Denied until: _____

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