DEPARTMENT OF THE AIR FORCE
20th FIGHTER WING (ACC)
SHAW AIR FORCE BASE SOUTH CAROLINA

DATE: XX/XX/XXXX

MEMORANDUM FOR 20 SFS/S-5V:
(*email to:* BOTH Ms. Jacqueline Hernandez-Sears jacqueline.hernandez-sears.1@us.af.mil, SSgt Austin Simerly austin.simerly@us.af.mil, and Mr. Joshua Arbeiter joshua.arbeiter.2@us.af.mil 803-895-9085 or 803-895-9086/ VCC Email: udg_20sfs_vcc@us.af.mil)

*This form **MUST BE SENT BY THE SPONSOR** listed from their government email and received at the email addresses/fax number listed above in the 20 SFS/S-5V section and will receive a confirmation email once completed with instructions.*

FROM: *(The person requesting background check be conducted and squadron/unit)*

SUBJECT: *(i.e Contractor/Employee needing access to Shaw AFB)*

WHO: (*Company or Organization the Contractor/Employee will be working for)*

WHAT FOR: (*i.e Construction, New Hire, Job Interview, Meeting, New CAC or CAC Renewal, Work order etc.)*

WHERE: *(Location Contractor/Employee will be working at or needing access to)*

If base wide give justification: (*i.e Individual needs access to multiple buildings on base)*

WHEN: (*The **exact day/dates** and hours the individual will need access to the base (i.e. May 10, 2022, 0800-1700hrs or from May 10, 2022- May 10, 2023 Monday-Saturday, 0700-1900hrs)*

SPONSOR*: (**The** **CAC holding individual responsible for the individual listed below and their organization**)*
DOD EDPI: The # on the back of you CAC

CONTACT INFO: ***(Sponsor's GOV email and PHONE NUMBER W/EXTENSION)***

The information below is protected under Privacy Act 1974 and will only be used to process Criminal Background History Checks to grant or deny access to Shaw AFB. It is further understood that anyone abusing approved privileges could, at a minimum, lose said privilege and possibly face criminal charges.

Full Legal Name (Last, First MI)	**Date Of Birth (Year/Mo/Day)**	**Social Security Number**	**ST-DL # (REAL ID Y/N)**	**U.S. Citizen (Y/N)**
DOE, JOHN E.	***1995/01/01***	***123-45-6789***	***SC-12345678 Y***	***Y***

EXAMPLE

********IF UNDER THE AGE OF 18, PLEASE COMPLETE A SEPARATE WORK REQUEST. *********

DO NOT FILL THIS PAGE PLEASE USE THE NEXT PAGE

DEPARTMENT OF THE AIR FORCE
20th FIGHTER WING (ACC)
SHAW AIR FORCE BASE SOUTH CAROLINA

DATE: 31-July-26

MEMORANDUM FOR 20 SFS/S-5V

FROM: 20th CONS

SUBJECT: Contractors need base access for site visit

WHO: Interested Vendors

WHAT FOR: Site Visit at Building 1997

WHERE: Building 1997

(If base wide give justification)

WHEN: 7 August 2026 @ 1000

SPONSOR NAME:

DOD EDPI:

CONTACT INFO:

The information below is protected under **Privacy Act 1974** and will only be used to process Criminal Background History Checks to grant or deny access to Shaw AFB. It is further understood that anyone abusing approved privileges could, at a minimum, lose said privilege and possibly face criminal charges.

Full Legal Name (Last, First MI)	Date Of Birth (Year/Mo/Day)	Social Security Number	ST-DL # (REAL ID Y/N)	U.S. Citizen (Y/N)

PLEASE READ THE STATEMENTS BELOW

1. I UNDERSTAND THAT AS THE SPONSOR I AM RESPONSIBLE FOR THE PERSON(S) LISTED ON THIS FORM, AND FOR ENSURING THE ABOVE NAME INDIVIDUAL(S) TURNS IN THE DBIDS PASS OR RETRIEVE THE PASS ONCE THE INDIVIDUAL(S) ARE TERMINATED, QUIT, OR NO LONGER REQUIRES ACCESS. IF I AM NOT ABLE TO RETRIEVE THE PASS, I WILL NOTIFY SECURITY FORCES TO HAVE THE INDIVIDUAL(S) PASS DEACTIVATED IN DBIDS.

2. If you, as the sponsor, filled out the request and answered N for U.S Citizen please make sure you submit scanned in documents before coming to the VCC. **i.e.-FOREIGN VISA, PERMANENT RESIDENT CARD (Form I-551) & EMPLOYMENT AUTHORIZATION CARD (Form I-766) HOLDERS, ETC.

3. AS THE SPONSOR, I will inform my visitors they must have identification in compliance with the Real ID Act OR have a Federal ID in which cases they do not. If they do not, they will not be able to receive a pass from the VCC.