

PRE-AUTHORIZED PASS REQUEST FORM

DBIDS registration must be completed to request for a pre-authorized pass!

Date:					
From: Requestor	Last name	First Name			
To:	Commander, Fleet Activities, Yokosuka				
Subj:	REQUEST FOR PRE-AUTHORIZATION PASS FOR GUEST TO ENTER FLEET ACTIVITIES, YOKOSUKA				
Ref:	(a) COMFLEACTYOKOSUKAINST 5530.6 series				
Encl:	(1) Copy of Photo Identification (obtaining a DBIDS card): <u>Japanese National:</u> Driver's License (permanent address must be shown), Passport or Resident Card <u>Non-Japanese National:</u> Passport or Alien Registration Card for a guest.				
<ol style="list-style-type: none"> 1. Per reference (a), it is requested that the guest(s) listed below be authorized entry to the base with an escort. 2. It will be limited to six months for English Students, and one day visit for social visits. I will <u>constantly escort</u> my guest while on-base. 3. I will ensure my guest complies with all rules and regulations established for Commander, Fleet Activities, Yokosuka installations. 4. I understand that lack of information could be denial of my request. 5. I understand that a gate pass/DBIDS card must be returned to the place where the pass was obtained upon expiration of the pass. 6. I understand that my DBIDS registration must be completed and updated. 					
REQUESTER'S INFORMATION					
Sponsor's Command			Address (not mailing address)		
Sponsor's Rate/Pay Grade			Tel (Work)	Tel (Home)	
GUEST INFORMATION (NOT SOCIAL VISIT PURPOSE)					
Last Name		First Name		Nationality	
Date of Birth	Weight (pound)	Height (inch)	Color of Eyes	Color of Hair	Telephone #
Address					
ID Type and Number for DBIDS Card	Passport #	Driver's License #	Resident Card #	Alien Registration Card #	
DATE/TIME (NOT TO EXCEED 3 DAYS PER WEEK AND 4 HOURS PER DAY EXCEPT ONE-DAY SOCIAL VISIT)					
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun					
From (Date)			To (Date)		
Purpose for 180 days Pre-authorized Pass (DBIDS card)				Destination	
<input type="checkbox"/> English Student <input type="checkbox"/> Cultural Study Student <input type="checkbox"/> Church Attendee/Bible Study					
_____ Sponsor's Signature					
Date:					
From: Commander, Fleet Activities, Yokosuka					
To: Requestor					
1. Returned, approved/disapproved.					
_____ Commander/ISO By direction					
Submit this request to ISO at least 72 hours prior to the guest's arrival!!!					

CFAY 5532/24 (Rev. 5-14)

UPON COMPLETION
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LIST OF SOCIAL VISIT GUESTS

Guests will be escorted from Main gate Womble gate Ikego Negishi

No.	Last Name	First Name	Nationality	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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