



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 628TH AIR BASE WING (AMC)  
JOINT BASE CHARLESTON SC**

Golf Pass # \_\_\_\_\_

MEMORANDUM FOR: 628 SECURITY FORCES/VCC

SUBJECT: Worksheet for Personnel to access Joint Base Charleston

**CHECK ONE THAT APPLIES**

Babysitter    Student    Caregiver/Custodial Parent    Civil Air Patrol    Volunteer    Civilian Spouse  
 Golf Patron Pass    Honorary Commander    Internship    Skeet Range    Frequent Visitor  
 Other: \_\_\_\_\_ College Name: \_\_\_\_\_

**\*\*\*\*FILL OUT ALL THAT APPLY TO APPLICANT ONLY \*\*\*\***

Applicant Name (LAST, FIRST, MI) \_\_\_\_\_ DOB \_\_\_\_\_  
 SSN \_\_\_\_\_ Race \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Driver's License/ID Card # \_\_\_\_\_ State \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
 Identifying features (birthmarks, tattoos, scars, etc) \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Are you a U.S. Citizen?                                       | Yes | No |
| <i>If NO, provide a copy of Passport/Permanent Resident Card</i> |     |    |
| 2. Have you ever been convicted of a felony?                     | Yes | No |
| 3. Are you a Registered Sex Offender?                            | Yes | No |
| 4. Are you on Probation/Parole?                                  | Yes | No |
| 5. Have you ever been barred from a military installation?       | Yes | No |

I am requesting access to:    Medical Group    Commissary    AAFES/NEX    MWR  
 Child Development Center    Youth Programs    Guest Housing

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days & Times: \_\_\_\_\_

*By signing, you authorize a background check to be accomplished which will determine your entry to JBCHS. If you have any questions, please contact the Visitor Center at (843) 963-5729/6148(Air Base) or (843) 794-4232/4122 (Weapon Station).*

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Base Sponsor Signature**

\_\_\_\_\_  
**Base Sponsor DOD #**

\_\_\_\_\_  
**Base Sponsor Printed Name/Phone #/ Duty Title/Organization**

*Famulus Omnis – Serving All*

CONTROLLED UNCLASSIFIED INFORMATION (CUI)

\*\*\*\*This form is subject to the Privacy Act of 1974\*\*\*\*

REV: 30 Oct 2020

Security Clerk (VCC ONLY) \_\_\_\_\_