



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

MEMORANDUM FOR SECURITY FORCES/VCC

SUBJECT: Worksheet for Personnel to access JB CHS

CHECK ONE THAT APPLIES: ☐ Babysitter ☐ Boy Scout ☐ Bridge Club ☐ Caregiver/Custodial Parent
☐ Civil Air Patrol ☐ Civilian Dep Spouse ☐ Golf Patron Pass ☐ Honorary/Advisory Council
☐ Internship ☐ Skeet Range ☐ Marrington Plantation Trails/Hunt/Fish (Circle one)
☐ Other _____
☐ College-Name _____

FILL OUT ALL THAT PERTAINS TO THE APPLICANT ONLY.

1. Applicant Name (Last, First, MI) _____
2. Applicant Address (Street, Apt #, City, State, Zip): _____
3. Relationship to whom you are requesting access: _____
4. Applicant SSN: _____ - _____ - _____ Applicant Race: _____ Sex: M – F (Circle One)
5. Applicant Date of Birth (M-D-Y): _____ Place of Birth: _____
6. Driver's License or State ID Card # : _____ (Attach a copy of State DL/ID) Phone #: _____
7. I am a Patron of one of the following: _____ Expiration of Access: _____
JB CHS-AB Star-lifter Bowling Center ☐; **Wrenwoods** Golf Course ☐; **Charleston Club** ☐; **Skeet Range** ☐;
JB CHS-WS Marrington Bowling Center ☐; **Redbank** Golf Course ☐; **Redbank Club** ☐
8. Are you a US Citizen? YES _____ NO _____ (Check one)
(If no, a **COPY** of a valid Pass Port and/or Permanent Resident Card **MUST** be provided)
9. Have you ever been convicted of a FELONY? YES _____ NO _____
10. Are you a Registered Sexual Offender? YES _____ NO _____
11. Are you on Probation/Parole? YES _____ NO _____
12. Have you ever been barred from a military installation/? YES _____ NO _____
13. Please list any visible identifying marks (i.e. birthmarks, tattoos, scars, etc.): _____
14. I am requesting the following: Medical Group Access ☐ Commissary Access ☐ AAFES Access ☐ MWR ☐
Child Development Center ☐ Youth Development Programs ☐ Guest Mil Housing (More than 1 day) ☐
15. Start Date: _____ End Date: _____ Days/Times needing access: _____
16. Are you a DoD Civil Service Retiree? YES _____ NO _____ 17. Do you have an OPM Card? YES _____ NO _____
18. What DoD Dept. (if any) did you Retire from: USAF ☐ USN ☐ USA ☐ USMC ☐ Other DoD Agencies: _____
19. This information will be used as means to approving/denying your entry. If you have any questions, contact the Pass & Registration section, at 963-7807/6158 JB CHS-AB or 794-7417 JB CHS-WS.
20. By signing this form, you authorize a background check to be accomplished which will determine your entry to JB CHS.

Applicant's Signature _____

Signature Base Sponsor / DATE _____

Printed Name / DATE _____

Printed Name/Duty Title/Phone #/Organization of Sponsor _____

Base Sponsor DOD # _____

JB CHS/J5P, Pass & Registration Security Clerk Initials: _____

Controlled Unclassified Information (CUI)

***This form is subject to the Privacy Act of
1974*** REV: 27 October 2017