



DBIDS VIRTUAL ENROLLMENT SYSTEM (DVES)



VIRTUAL VISITOR PASS REQUEST



GOODFELLOW AFB

POC: TSgt Hayes
Operations, NCOIC



VIRTUAL VISITOR PASS PRE-ENROLLMENT

- **WHAT IS NEEDED TO CONDUCT A VIRTUAL PASS**
 - Visitor Creates a DBIDS Profile on <https://dbids-global-enroll.dmdc.mil>
 - Provide QR code to Sponsor
 - Visitor provides a scanned front & back photocopy of a Real ID compliant State or Federal issued identification to the Sponsor
 - Sponsor provides above QR code, Real ID photocopy, and completed Visitor Request form to 17SFS.Pass.RegistrationOrgBox1@us.af.mil



1ST STEP



- Visitor visits the following website and fills out a Pre- Enrollment Request located at:

<https://dbids-global-enroll.dmdc.mil>

You'll need to refresh the page to input data.



1ST STEP, CONT.



Visitors legal first, middle, and last names (suffix if applicable)



Person Name

| | | | |
|-----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| First | Middle | Last | Suffix |
| <input type="text" value="John"/> | <input type="text" value="The"/> | <input type="text" value="Doe"/> | <input type="text" value="Jr"/> |

Visitor's date of birth and citizenship



Date of Birth

| | | |
|--------------------------------------|--------------------------------|-----------------------------------|
| Month | Date | Year |
| <input type="text" value="January"/> | <input type="text" value="1"/> | <input type="text" value="2000"/> |

Origin

| | |
|--|--|
| Country of Birth | Citizenship |
| <input type="text" value="United States"/> | <input type="text" value="United States"/> |

Visitor's Social Security number



Primary Identifier

| | |
|----------------------------------|--|
| Type | Value |
| <input type="text" value="SSN"/> | <input type="text" value="123456789"/> |

Visitor's valid credential information



Secondary Identifier × Remove

| | |
|--|---|
| Type | Value |
| <input type="text" value="Drivers License"/> | <input type="text" value="D123456789"/> |
| Issuing Country | Issuing State/Province |
| <input type="text" value="United States"/> | <input type="text" value="Maryland"/> |



1ST STEP, CONT.



Visitor's description
matching valid credentials



Visitor's height and weight



DEMOGRAPHIC INFORMATION

These fields are **NOT** required but recommended

Description

| | | | |
|-----------------------------------|------------------------------------|----------------------------------|------------------------------------|
| Gender | Ethnicity | Hair Color | Eye Color |
| <input type="text" value="Male"/> | <input type="text" value="Other"/> | <input type="text" value="Red"/> | <input type="text" value="Green"/> |

Height

| | |
|--------------------------------|---------------------------------|
| Feet | Inches |
| <input type="text" value="5"/> | <input type="text" value="10"/> |

Weight

Pounds

Additional

Occupation

BACK Step 2 of 5 NEXT



1ST STEP, CONT.



Visitor's physical address



Visitor's Email



Visitor's phone number



ADDRESS/CONTACT INFORMATION

These fields ARE required

Primary Address

Line 1: 123 Spooner St

Line 2: Line 2 (optional)

City/Town: Clinton

Country: United States

State/Province: Maryland

Zip/Postal: 20762

Type: Home

[Add Additional Address](#)

Email

Address: John.doe@gmil.com

Type: Personal

Phone

Number: (●●●) ●●●-●●●●

Extension: Ext

Type: Mobile

BACK Step 3 of 5 NEXT



1ST STEP, CONT.



Sponsor's first and Last Name



Sponsor's contact information



Installation visitor is requesting access to



Duration of Visit (Cannot exceed 30 calendar days)



Purpose of Visit



SPONSOR INFORMATION

These fields ARE required

Sponsor Name

First: Last:

Sponsor Contact Information

Email Address: Phone Number: Extension:

Site

Joint Base Andrews MD

Service: State: Filter Sites:

| Site | State/Province |
|----------------------------------|----------------|
| Joint Base Andrews | MD |
| Warfield Air National Guard Base | MD |

Date of Visit

Start Date: End Date:

Purpose of Visit

I hereby authorize the DOD and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS). [Read More](#)

Step 4 of 5




1ST STEP, CONT.



The Visitor will save (Print as PDF) this confirmation page to send to the Sponsor.


CONFIRMATION



Thank you, Your information has been submitted successfully.

Please print this page, save as a .PDF and or write down the alpha-numeric code below and bring it with you along with two valid forms of ID.

TY3Y3F



This QR code will expire 12-Oct-2021

PRINT

START NEW PRE-ENROLLMENT



2ND STEP



Visitor will take a picture of the front and back of their Real ID compliant photo identification and provide this to their Sponsor.



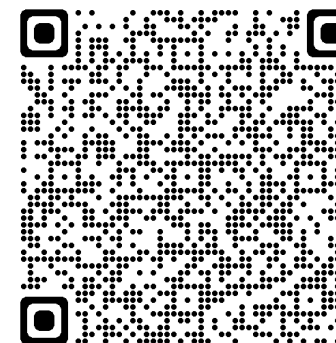


3rd STEP



Sponsor will complete GAFB Information Sheet for DBIDS PASS

Sponsor can find the Visitor Information form at: [this link](#) or scanning the QR code below.



Sponsor can also request this for via email @ 17SFS.Pass.RegistrationOrgBox1@us.af.mil

FOR GATE PERSONNEL ONLY: PASS ISSUED BY: _____ RANK & NAME _____ DATE: _____ MM-DD-YYYY

NDIC III (Criminal) History and Driver's License Background Check completed using TLETS? Y / N

INFORMATION SHEET FOR DBIDS PASS
PLEASE PRINT LEGIBLY

NAME: _____ DOB: _____ M / F _____
(FIRST FULL MIDDLE NAME LAST) (MM-DD-YYYY) (CIRCLE ONE)

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____

DL or ID NUMBER: _____ SSN: _____
(Circle one) (STATE AND NUMBER)

ADDRESS: _____
(NUMBER, STREET NAME CITY, STATE ZIP CODE)

PHONE NUMBER: () _____ CITIZENSHIP: _____
() HOME () CELL (AREA CODE AND NUMBER) (USA, MEXICO, CUBAN, KOREAN, etc., ALL FOREIGN VISITORS REQUIRE AN APPROVED FOREIGN VISITOR REQUEST FORM SIGNED BY 17SFS/ICG)
(CHECK ONE)

US PASSPORT NUMBER: _____

PERMANENT RESIDENT or WORK AUTHORIZATION ID CARD NUMBER: _____
(USICS (A) NUMBER)

NAME OF SPONSOR: _____
(RANK LAST FIRST MI)

PHONE NUMBER: () _____ UNIT: _____
(AREA CODE AND NUMBER) (344th, 312th, 315th, 318th, MCD)

DATES: _____ to _____ TIMES: _____ to _____
(MAXIMUM IS 3 DAYS) (IF 24 HOURS IS NEEDED, PLEASE STATE REASON BELOW)

LOCATION THEY WILL BE GOING TO: _____
(BLDG # AND NAME OR VARIOUS LOCATIONS)

YEAR/MAKE/MODEL/COLOR OF VISITOR'S VEHICLE: _____
(Example: 2021 CHEVROLET, CRUZE, BLUE, 4DR)

VEHICLE IDENTIFICATION NUMBER (VIN): _____

STATE OF ISSUE / LICENSE PLATE # AND EXPIRATION: _____
(Example: TX ABC123, DEC 2021)

INSURANCE COMPANY NAME: _____
(Example: ALLSTATE, PROGRESSIVE, FARMERS, etc...)

INSURANCE POLICY NUMBER AND EXPIRATION DATE: _____

REGISTERED OWNER OF THE VEHICLE: _____
(Name Address)

REGISTERED OWNER'S PHONE NUMBER: _____
(AREA CODE AND NUMBER)

*** ALL AREAS MUST BE FILLED OUT UNLESS YOU DON'T HAVE A PASSPORT NUMBER OR PERMANENT RESIDENT NUMBER OR WORK AUTHORIZATION NUMBER ***
*** ALL COMPLETED SHEETS MUST BE TURNED-IN TO BDOC AT THE END OF SHIFT ***
*** ALL passee WILL BE Issued through the work station NO EXCEPTIONS!***

FOR GATE PERSONNEL ONLY: TYPE OF PASS ISSUED: _____ DBIDS or _____ HANDWRITTEN



LAST STEP FOR SPONSOR



- Sponsor will gather the below items from each visitor:
 - Pre-Enrollment Request Confirmation (QR code) – Step 1
 - Copy of Visitor’s Real ID compliant ID (front & back) – Step 2
 - Complete GAFB Information Sheet for DBIDS PASS – Step 3
- Sponsor will provide all information to 17 SFS/S3, Visitor Control Center/Pass and Registration via:
 - Email: 17SFS.Pass.RegistrationOrgBox1@us.af.mil or Hand-carried to Bldg 3005, M-F, 7:00 a.m. to 4:30 p.m.

*NOTES:

- After the Visitor Control Center processes the visit request, an email will be sent to the Sponsor with the finalized “Visitor Pass”
- “Visitor Pass” and Real ID Compliant ID will be scanned at the base gate for base access



EXAMPLE OF PASS



| | | | |
|---|---|---|---|
| VISITOR BASE PASS | | NUMBER | |
| ISSUED SUBJECT TO THE CONDITIONS OF THE INTERNAL SECURITY ACT OF 1960 | | | |
| NAME OF VISITOR, DRIVER AND STREET ADDRESS OR FIRM <i>(Circle applicable word)</i> | | <input type="checkbox"/> VISITOR | <input type="checkbox"/> RESERVE MIL |
| | | <input type="checkbox"/> GOVT EMPLOYEE | <input type="checkbox"/> DEP/ MIL |
| | | <input type="checkbox"/> ACTIVE DUTY | <input type="checkbox"/> RETIRED MEMBER |
| SPONSOR OR ORG/NAME | | TOTAL NUMBER IN PARTY <i>(List names on file copy of local requirement)</i> | |
| Phone Number | | | |
| DESTINATION | | | EXPIRES (Time & Date) |
| <input type="checkbox"/> BASE EXCHANGE | <input type="checkbox"/> DELIV LOCATION | <input type="checkbox"/> COMMISSARY | |
| <input type="checkbox"/> OPEN MESS | <input type="checkbox"/> EDUC BUILDING | <input type="checkbox"/> MIL HOUSING | |
| TIME AND DATE ISSUED | | ISSUING OFFICIAL | |

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PREVIOUS EDITIONS ARE OBSOLETE.

| | | | |
|---|--------------------------------------|------------------------------|--------|
| VEHICLE PASS | | NUMBER | |
| INSTALLATION NAME | | | |
| VEHICLE YEAR | MAKE | MODEL | |
| VEHICLE LICENSE NUMBER | | | State: |
| DESTINATION | | | |
| <input type="checkbox"/> BASE EXCHANGE | <input type="checkbox"/> COMMISSARY | | |
| <input type="checkbox"/> OPEN MESS | <input type="checkbox"/> MIL HOUSING | | |
| <input type="checkbox"/> DELIV LOCATION | <input type="checkbox"/> OTHER | | |
| <input type="checkbox"/> EDUC BUILDING | | | |
| EXPIRES (Time & Date) | TOTAL NO IN PARTY | ISSUE OFFICIAL (Time & Date) | |

COPY 1 VISITOR

| | | |
|--|--|--|
| <p>FOR LOCAL USE</p> <div style="border: 1px solid black; height: 100px;"></div> | <p>VISITOR ADVISORY CONDITIONS OF VISIT <i>Limit your movements to authorized traffic ways. Examples of signed closed areas are "RESTRICTED AREA" or "CONTROLLED AREA."</i></p> <p>Observe traffic laws.</p> <p><i>Display Vehicle Pass on inside left corner of windshield while on base (Motorcycles—stick on windshield or front fork or frame) (must be visible).</i></p> <p><i>Person issued pass is responsible for others in party and will keep pass readily available to show proof of authorized visit by all.</i></p> <p><i>After visit, please dispose of pass as directed by security police.</i></p> | <p>WARNING CONSENT TO SEARCH, VEHICLE TOWING, REIMBURSEMENT, AND IMPOUNDMENT</p> <p><i>By accepting this pass you give your consent to search of this vehicle while it is entering, on, or leaving this Air Force Base. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.</i></p> <p><i>Occupant restraints must be used while operating your vehicle on the DoD property.</i></p> <p><i>A test of intoxication as assimilated by state motor vehicle law or statute.</i></p> <p>SIGNATURE</p> <div style="border: 1px solid black; height: 20px;"></div> |
|--|--|--|

COPY 2 VISITOR

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PREVIOUS EDITIONS ARE OBSOLETE.



CONTACT US



CONTACT INFORMATION:

For any questions or concerns please contact the VCC-PASS/REGISTRATION Office

Phone: (325) 654-4124

Webpage: [Visitor Control Center/Gate Information \(af.mil\)](#)

Email: 17SFS.Pass.RegistrationOrgBox1@us.af.mil