

FOR GATE PERSONNEL ONLY: PASS ISSUED BY: _____

DATE: _____

RANK & NAME

MM-DD-YYYY

NCIC 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/CC**)
(CHECK ONE)

US PASSPORT NUMBER: _____

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

NAME OF SPONSOR: _____
(RANK LAST FIRST M.I.)

PHONE NUMBER: () _____ UNIT: _____
(AREA CODE AND NUMBER) (344TH, 312TH, 315TH, 316TH, 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 city, state, zip code)

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 passes WILL BE issued through the work station NO EXCEPTIONS!!*****

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TYPE OF PASS ISSUED: _____ DBIDS or _____ HANDWRITTEN