

| | | | | | | | | | |
|--|-----------|-----------------------|---|--|--|---|------------------------|------------|--|
| APPLICATION FOR INSTALLATION/BASE ACCESS (USFK REG 190-7) SEE PRIVACY ACT STATEMENT ON PAGE 2 | | | | | | DATE | | | |
| SECTION I- TO BE FILLED OUT BY SPONSOR AND APPLICANT (TYPE OR PRINT) | | | | | | | | | |
| 1. NAME (LAST, FIRST, MIDDLE) | | | 2. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | | 3. a KID/SSN OR PASSPORT | | 3.b DoD ID Number | | |
| 4.DOB (YYYYMMDD) | 5. HEIGHT | 6. WEIGHT | 7. HAIR | 8. EYES | 9. GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO | | 10. POB (CITY/COUNTRY) | | |
| 11. ADDRESS & PHONE NO. | | | | | | | | | |
| 11.a. CURRENT ADDRESS & PHONE NO. (ST NO., CITY & PROVINCE) | | | | 11.b. PERMANENT ADDRESS & PHONE NO. (ST NO., CITY & PROVINCE) | | | | | |
| 12. ACCESS REQUIRMENTS (If USFK or EUSA-wide; Special processing required) | | | | | | | | | |
| 12.a. ACCESS AREA | | 12.b. FPCON (A,B,C,D) | | 12.c. ESCORT PRIVILEGES PERS Vehicle YES <input type="checkbox"/> NO <input type="checkbox"/> | | 12.d. HOURS | | 12.e. DAYS | |
| 12.f. PASS TYPE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> ROK MILITARY <input type="checkbox"/> SPONSORED GUEST <input type="checkbox"/> SHORT TERM VISITOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ALLIED NATION <input type="checkbox"/> DRIVER (RED) <input type="checkbox"/> PERSONAL EMPLOYEE <input type="checkbox"/> SPOUSE (RED) <input type="checkbox"/> MIL FAMILY MBR <input type="checkbox"/> DoD FAMILY MBR <input type="checkbox"/> CONTRACTOR (700-19R) <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> DCP (RED) (Non-dependant) <input type="checkbox"/> ROK GOVERNMENT OFFICIALS | | | | | | 12.g. STATUS <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> UPDATE | | | |
| | | | | | | 12.h. DoD CAC <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 13. SPONSOR INFORMATION | | | | | | | | | |
| 13.a. SPONSOR (FULL NAME/RANK or GRADE) | | | 13.b. SPONSOR FULL SSN | | 13.c. SPONSOR ORG & PHONE NO. | | | | |
| 14. JUSTIFICATION FOR INSTALLATION/BASE ACCESS (ATTACH COPY OF KID CARD OR PASSPORT, PREVIOUS PASS, AND DoD CAC as applicable)(FPCON Level, escort authorization, Access Area, and days/hours of access must be addressed in justification) | | | | | | | | | |
| SPONSOR STATEMENT OF UNDERSTANDING | | | | | | | | | |
| I fully understand my responsibilities as a sponsor for the control of the person identified at the top of this application. All information submitted is true and correct to the best of my knowledge. I further understand that it is my responsibility to ensure that I notify the Installation Pass & ID Office of any change in my status as a sponsor or any knowledge of misuse of the pass to be issued. It is my responsibility to ensure that the pass is returned to the Installation Pass & ID Office if it is not renewed, upon termination of employment or services being provided; or for short term visitors or personal service employees, prior to my DEROS. Failure to comply with these requirements may result in adverse administrative or legal action against me. | | | | | | | | | |
| 15. SPONSOR SIGNATURE | | | | | | DATE | | | |

SECTION II - TO BE FILLED OUT BY DOD SPONSOR, CPOC OR USACCK

NAME (LAST, FIRST, MIDDLE)

KID/SSN OR PASSPORT

16. GRADE/RANK

17. JOB TITLE

18. DATE OF EMPLOYMENT

19. UNIT/AGENCY/COMPANY ADDRESS/PHONE NO.

20. CONTRACTING OFFICER / PHONE NO.

21. CONTRACT NO.

22. CONTRACT PERIOD (YYYYMMDD-YYYYMMDD)

SECTION III – REQUESTING AUTHORITY

I HAVE REVIEWED THIS APPLICATION AND ITS SUPPORTING DOCUMENTATION AND I ENSURE IT MEETS THE PROVISIONS OF USFK REG 190-7.

Recommend

☐

Approval

☐

Disapproval

SIGNATURE, TYPED NAME, GRADE, DUTY TITLE

SECTION IV – TO BE FILLED OUT BY PASS & ID OFFICE

23. BACKGROUND CHECK WITHIN LAST 3 YEARS?

☐ YES☐ NO

Requested Completed

☐ 23.a. Local Law Enforcement☐ 23.b. KNP☐ 23.c. US Embassy (if applicable)24. DEROGATORY INFORMATION ☐ YES ☐ NO

(If Yes) Date Provided Approval Authority

25. IS APPLICANT A **DESIGNATED COUNTRY PERSON (DCP)**?☐ YES☐ NO

26. IS THIS PASS APPLICATION IAW USFK REG 190-7?

☐ YES☐ NO

27. DATE PASS ISSUED

28. PASS EXPIRATION DATE

I HAVE REVIEWED THIS APPLICATION TO ENSURE INFORMATION AND DOCUMENTATION REQUIRED FOR AN APPROVAL DETERMINATION ARE ENCLOSED AND IAW USFK REG 190-7.

29. SIGNATURE OF PASS & ID SECTION CHIEF OR NCOIC

DATE

SECTION V – APPROVAL AUTHORITY

I HAVE REVIEWED THIS APPLICATION AND ITS SUPPORTING DOCUMENTATION AND I ENSURE IT MEETS THE PROVISIONS OF USFK REG 190-7.

☐

Approved

☐

Disapproved

SIGNATURE, TYPED NAME, GRADE, DUTY TITLE

PRIVACY ACT STATEMENT**1. AUTHORITY:** Title 10, USC, 3012(g).**2. PRINCIPAL PURPOSE(S):** Use of Social Security Number or Korean Identification number is an additional means of identification of individuals.**3. ROUTINE USES:** An individual's Social Security Number or Korean Identification number, together with name and other personnel identifying data, may be used for the collection of derogatory information on file within DOD, host nation, and other Law Enforcement Agencies in determining an individual's suitability for access to USFK installations in Korea.**4. MANDATORY OR VOLUNTARY DISCLOSE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION:**

Disclosure of information is voluntary. Failure to provide required data may result in denial of access to USFK installations.

INSTRUCTIONS FOR COMPLETING USFK FORM 82-E (APPLICATION FOR INSTALLATION PASS)

SECTION I - Sponsor or Applicant will:

1. NAME (Name information must match national registry, ex. SSN/KID Administrations)
2. SEX (Check appropriate block)
3. KID/SSN or Passport; (Input correct numbers/information)
4. DOB; (4 DIGIT Year, Month, date format, ex. 19751005)
5. Height ; (Use inches)
6. Weight; (Use pounds)
7. Hair Color
8. Eye Color
9. Glasses, Yes or No; (Indicate Contacts if worn)
10. POB; (ex. Seoul, Korea or Atlanta, GA USA)
11. Current Address in Korea (Full Civilian Off-Post Address, if DOD, Full APO Address)
12. Access requirements:

12.a. Input Access Area, (EX. YONGSAN, AREA 1A, Osan). Must be specific & for Official duty only.

NOTE: Request for USFK or EUSA - wide Access require Approval from the USFK Deputy Chief of Staff. Request for this type of access will be forwarded through the CFC/USFK Provost Marshall Office, Security Division (FKPM-S), for processing and submission to the USFK DCofS.

12.b.c.d.e. Input desired **FPCON, ESCORT PRIVILEGES, TIME and DAYS** access is required.

12.f.g. Select type of Pass, Permanent or Temporary: indicate Initial, Renewal or Update of desired Pass

(Include photocopy of current Pass, KID Card or Passport w/photo)

SHORT TERM VISITS. Personnel sponsored by US or DOD personnel may use this form when requesting this type of access. In Block #14, specify purpose, time period of visit; not to exceed 60 days, and provide sponsor's information, visitor's personnel ID number (SSN or Passport #).

13. Sponsor Information (Provide all required information)

14. JUSTIFICATION; Provide detailed information that supports that type of Access requested. List specific locations and frequency of access.

(ex. Travel to CRC, Cp Casey, and Osan 2 X weekly to deliver Supplies) **SPONSOR WILL READ and SIGN STATEMENT OF UNDERSTANDING.**

SECTION II - DOD SPONSOR, CPOC OR USACCK will:

16. Provide current Grade/Rank of Applicant or Contractor

Blocks 17, 18; Provide Official Job Title and date began employment with USFK.

19. Input Official Unit or Civilian Agency Address and Telephone number. (Use USFK APO or local Korean Address)

Blocks 20, 21, 22; (This information is required data for all contractor applicants)

(If applicant is a contractor, SF Forms 26 and 30 or USFK Form 175-R MUST be submitted with this application.)

SECTION III - REQUESTING AUTHORITY will:

Indicate APPROVE OR DISAPPROVE and sign USFK Form 82-E in Section III

SECTION IV - PASS & ID Office or PMO will:

Blocks 23-28; Review Application and supporting documents. Answer YES or NO. Input correct dates regarding Background Checks and Pass pass issue data.

29. Signature of Pass & ID Section Chief or NCOIC that reviewed of application for completeness. Indicate whether documents SUPPORT or DO NOT SUPPORT approval of this pass request.

SECTION V - APPROVING AUTHORITY will:

Indicate **APPROVE OR DISAPPROVE** and sign USFK Form 82-E in Section V.