

BONA FIDE GUEST REQUEST

Name: _____

Address: _____

Rank: _____

Unit/Duty Number: _____

Home Phone Number: _____

1. I, request an exception to policy to allow my guest or guest(s), to reside at my assigned home located at _____ from (date) _____ until (date) _____.
2. My guest will be residing with me because (provide explanation, attach additional paperwork as needed):
3. If exception to policy is requested for more than one guest, explain:
4. My guest is named in my Family Care Plan Yes No. (If yes, attach supporting document).
5. I will will not reside in the home during the period of time requested. If Sponsor **will not** reside attach supporting document such as orders.
6. Guest or guest(s) are Military ID Cardholders, Yes No. If yes, name/rank/duty station of guest's Sponsor and supporting documents (orders) and copies of photo Identification must be attached.
7. I understand that if this exception to policy is approved, then it is no guarantee that my guests will become ID cardholders, or will receive base/ID cardholder privileges, nor is it a guarantee that a guest's child will be allowed to attend on-post schools.
8. I accept full responsibility for my guest(s) at all times.
Guest Name (print) Age: Signature:

Guest Name (print) Age: Signature:

Guest Name (print) Age: Signature:

I understand that I must re-submit an exception to policy to request that my guest stay past the above designated ending date if this exception to policy is approved.

Permission granted by Commanding Officer (O5 or higher):

Signature Printed name Date

(Service Member Signature) _____
Date

(BBC Official Signature) _____
Date

Bona Fide Guest request is approved Not To Exceed (dd/mm/yyyy): _____