MEMORANDUM THRU

(Office Symbol) (Date)

(First Line Supervisor)

FOR

(Co/Trp/Btry Cdr (<7 days), BN/SQN Cdr (8-30 days), 1st General Officer (31-90 days))

SUBJECT: Non-DoD Personnel Access Request to Ft Bragg during Heightened HPCON levels

1. This is a request for the individual listed below to gain access to Fort Bragg for _______ days. I understand that the Senior Commander may rescind this access at any time.

2. The following individual is a Non-DoD ID Card holder who requires access to Fort Bragg.

   Full Name of Individual: ____________________________________________

   Non-DoD Identification Type: _______________________________________
   (Examples: state-issued driver’s license, passport)

   Non-DoD Identification Number: _________________________________

   Non-DoD Identification Expiration Date: _____________________________

   Reason for request: ________________________________________________
   __________________________________________________________________
   __________________________________________________________________

3. As the requesting sponsor, I acknowledge that Fort Bragg is operating on a heightened Health Protection Condition (HPCON) level with the intent to protect the force from the effects of a current pandemic. I recognize that during this period, access to the installation is restricted and that measures are necessary to protect the force and thus ensure mission readiness in the defense of our Nation.
4. To the best of my knowledge, the person identified above (circle one on each line):

   **Has** / **Has Not** recently traveled to a known COVID-19 area.

   **Has** / **Has Not** been exposed to COVID-19.

   **Is** / **Is Not** demonstrating symptoms (fever > 100.4, dry cough, runny nose)

5. I understand that the person identified above is granted access to the installation solely for the purpose described above. I must inform my guest of current Fort Bragg orders, policies, and restrictions related to COVID-19, and I am responsible for my guest’s compliance.

Signature of DoD Sponsor / Requestor: ________________________________

Name & Rank of DoD Sponsor / Requestor: ________________________________

Phone Number of DoD Sponsor / Requestor: ________________________________

Government email of DoD Sponsor / Requestor: ________________________________

6. The Point of Contact for this request is ________________________________ and I am reachable at ________________________________ or email ________________________________.

   APPROVED / DISAPPROVED

   ________________________________
   (Signature Block)

   APPROVED / DISAPPROVED

   ________________________________
   (Signature Block)

[Approved visitors must present this completed form at the All American Visitors’ Center to obtain a 90-day installation access pass].