



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, XVIII ABN CORPS AND FORT BRAGG  
2175 REILLY ROAD, STOP A  
FORT BRAGG, NORTH CAROLINA 28310

\_\_\_\_\_  
(Office Symbol)

\_\_\_\_\_  
(Date)

MEMORANDUM THRU \_\_\_\_\_  
(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].