Attachment D

| U.S. Army Garrison Hawaii - Automated Installation Entry (AIE) Application for Foreign Visitors | | | | | | | |
|--|--|-------------------------|---------------------------|-------------------------|-------------------|-------------------|----------------------------------|
| ONE APPLICATION PER APPLICANT (not to exceed travel itinerary's length of stay) To: Garrison Commander's Office via the Visitor Control Center VCC Office Phone:(808) 833-7837 (TAMC) / (808) 787-0941 (Schofield Barracks) | | | | | | | |
| The issued AIE Badge is not to exceed the duration of the requestor's visit to the island of Oahu, Hawaii. Travel itinerary must be attached to | | | | | | | |
| this form for approval. Each requestor must provide a copy of their travel itinerary. Travel itinerary attached: Yes / No | | | | | | | |
| If itinerary is not attached, please provide reason why: | | | | | | | |
| Request the following individual be authorized a U.S. Army Garrison Hawaii AIE Pass. | | | | | | | |
| | Applicant Information | | | Passport #: | | | |
| APPLICANT INFORMATION | Applicant Name: | | | Country: | | | Sex: |
| | Date of Birth: | | Eye Color: | Hair Color: | Heig | ht: | Weight: |
| | City / Country of Birth: | | | | | | |
| ANT | Relationship to Sponsor: | | | | | | |
| PLIC | Home Address: | | | | Phor | ne #: | |
| AP | House Number / Street Name / Apt. Num | | | | Dura | ation of Pass: | |
| | | | | | Start | | End: |
| | City, Cou | • | | City Code / Zip C | | DD/MMM/YYY | Y DD/MMM/YYYY |
| | · | Unescorted / | Escorted Applic | cant requires Installa | tion access to: | | |
| Purp | ose of access: STATEMENT OF UNDERSTANDING | : I UNDERSTAND TH. | AT AS THE SPONSOR. I AM I | RESPONSIBLE FOR THE ACT | IONS OF THE ABOVE | NAMED INDIVIDUAL. | REPORTS OF MISCONDUCT MAY BE |
| SPONSOR INFORMATION | | TON OF THIS AUTHOR | RIZATION. I ALSO UNDERST | | | | ED, I WILL RETRIEVE THE PASS AND |
| | Sponsor Name: | | | | Ra | ank / Grade: | |
| | Sponsor SSN: | | Duty Phone | : | | Home Phone | e: |
| | Sponsor's Signature: | | | | С | Date: | |
| | Sponsor's Address: | | | | | | |
| | Other Qualified Escorts: Family Member - Dependent 18 Year | s or Older with Valid I | DoD Credentials | | | | |
| | Commander's Name: | | | Rank / Grade: | | Duty Phone: | |
| | Commander's Signature: | | | | Date | 2: | |
| | Only E-6 and below requires a Unit Commander's Signature MENT OF UNDERSTANDING: BY SIGNING THIS APPLICATION FOR AN AIE ACCESS PASS, I AGREE TO ABIDE BY ARMY REGULATIONS WHILE ON U.S. ARMY GARRISON, HAWAII LATIONS: LALSO CERTIES THAT ALL INFORMATION PROVIDED ON THIS FORM IS THE AND CORRECT. | | | | | | |
| INSTALLATIONS. I ALSO CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT. AUTHORIZATION: HOMELAND SECURITY PRESIDENTIAL DIRECTIVE 12 AND ARMY REGULATION 190-13 REQUIRES THAT ANY PERSON NOT POSSESSING A GOVERNMENT ISSUED IDENTIFICATION | | | | | | | |
| AND WISHING TO BE GRANTED ACCESS TO A FEDERAL FACILITY BE VETTED USING THE NATIONAL CRIME INFORMATION CENTER (NCIC) . The following issues will prevent access to USAG-HI installations: Current Arrest Warrant, Currently Barred from entry to Federal Installations, Any felonies within the last 10 years, Registered Sex Offenders, Crimes encompassing Sexual Assault, Armed Robbery, Rape, | | | | | | | |
| Child Molestation, production or possession of Child Pornography, Trafficking in Humans, Drug Possession with intent to sell or Drug Distribution, Espionage, Sabotage, Treason, Terrorism, Murder, Firearms/Explosive violation, or Acts or Activities designed to overthrow the U.S. Government by force. USAG-HI can add further disqualifying factors that would deny an individual access onto its installations. | | | | | | | |
| Applicant's Signature: Date: | | | | | | | |
| ING NATION | | | | NCIC-III | | | |
| | | | APPROVED | DEN | IIED | | |
| VETT DETERM | | | () | | | | |
| DET | Name: Date: Nam | | | | Name: | | Date: |
| Garrison Commanders Use Only | The AIE Application fo | | is approved by the G | arrison Commander o | n a case-by-case | e basis. | |
| | Issue Date: | | UNESCORTED | ESCORTED | DENIED | | Control # |
| | Expiration Date: | | | | () | J | |
| ison C Use | Garrison Commander's Nam | ne: COL | . Rachel D. Sul | livan | | | |
| Garr | Garrison Commander's Sign | ature: | | | | | |
| PRIVACY ACT INFORMATION Authority: Title 10, United States Code, Section 2012 | | | | | | | |

Principal Purpose: The purpose for requesting personal information is to assist civilian access on to U.S. Army Garrison, Hawaii Installations.

Routine Use: Information provided may be used to determine suitability of applicants desiring access on to U.S. Army Garrison, Hawaii Installations as well as for other lawful purposes including law enforcement and litigation. For other official purposes, information on this form may be provided to other law enforcement agencies.

Disclosure: Submitting requested information is voluntary, however failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Common Access Pass (CAP).