APPLICATION FOR INDIVIDUAL-SPONSORED INSTALLATION ACCESS PASS										TRACKING #			
For use this form, see USFKI 5200.08 and the proponent agency is USFK Provost Marshal Office. SEE PRIVACY ACT STATEMENT BELOW								SEE	RECEIVED DATE				
SECTION I - TO BE FILLED OUT BY SPONSOR AND APPLICANT (TYPE OF									PE OR	PRINT)			
1. NAME (LAST, FIRST, MI	2. SEX	2. SEX FEMALE 3. a. KID/SSN OR PASS					SPORT	RT 3.b. NATIONALITY					
				MA									
4. DOB (YYYYMMDD) 5. HEIGHT (INCHES) 6. WEIGHT (P		POUNDS)	OUNDS) 7. HAIR		8. EYES			9. GLASSES		10. POB (CITY/COUNTRY)			
									YES NO				
11. CURRENT ADDRESS & PHONE NO. (ST NO., CITY & PROVINCE)       12. RELATIONSHIP TO SPONSOR (NOT APPLICABLE FOR PERSONAL SERVICE HIRE PASS APPLICANT)													
13. ACCESS REQUIRMENTS (If USFK or 8A-wide, special processing required; submit 60 days in advance)													
13.a. ACCESS AREA	13.b. FPCON	13.c. HPCO	N 13.d. E	SCORT I	PRIVIL	EGE	(for 15c a	and 15d only)	13.e. ⊦	IOURS	13.f. DAYS		
			Y	′ES	NO		PER(S)	VEH(S)					
14. SPONSOR INFORMATI	ON												
14.a. SPONSOR (FULL NAME/RANK or GRADE) 14.b. SPONSOR FULL SSN or DODID# 14.c. SPONSOR ORG & PHONE NUMBER													
15. PASS TYPE AND JUSTIFICATION (ATTACH COPY OF KID CARD OR PASSPORT, as applicable)													
15.a. SHORT-TERM PASS													
PERIOD OF VISIT: TO INSTALLATION(S):													
15.b. PERSONAL SER	VICE HIRE PASS	3											
SERVICE REQUIRED:SERVICE EXPIRATION:ON-POST HOUSING #/CAMP/BASE:													
15.c. NON-DOD FAMILY MEMBER PASS													
REASON FOR STAY IN KOREA:													
15.d. CIVILIAN RETIREE FAMILY MEMBER. CIVILIAN RETIREE RETIREMENT DATE:													
15.e. VHIC HOLDER CARE PROVIDER: VA COMMUNITY CARE LETTER PRESENTED? YES NO													
SPONSOR ACKNOWLEDGEMENT OF RESPONSIBILITY													
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 proper conduct of my visitor while he/she is on USFK installation. It is my responsibility to ensure that the pass is returned to the Installation Pass & ID Office upon termination the visit. Failure to comply with these requirements may result in adverse administrative or legal action against me.													
16. SPONSOR SIGNATURE				DATE									
		SECTIO		RE FILLE		TRY	PASS & II	DOFFICE					
	-							FORMATION YES		NO			
17.a. USFK Law Enforcement Check				comple	.00			es) Date Provided App			TES	NO	
17.b. KNP Criminal History Check							(II Tes) Date Florided A						
17.c. NCIC Check													
I HAVE REVIEWED THIS APPLICATION TO ENSURE INFORMATION AND DOCUMENTATION REQUIRED FOR AN APPROVAL DETERMINATION ARE ENCLOSED AND IAW USFKI 5200.08.													
19. SIGNATURE OF PASS & SECTION CHIEF OR NCOID					DATE				20. PAS	6S EXPIRATIO	ON		
SECTION III – APPROVAL AUTHORITY													
I HAVE REVIEWED THIS A					SIGN								
SUPPORTING DOCUMENT	Appr	A			TYPED NAME,								
MEETS THE PROVISIONS	Disa				GRADE, & DUTY ITLE								
PRIVACY ACT STATEMENT													
1. AUTHORITY: Title 10, U	JSC 3012(a)		- r			., ., ட							
2. PRINCIPAL PURPOSE	(0)	al security nu	umber or k	Korean id	entific	ation	number i	s an additiona	means	of identificat	ion of individ	uals.	
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													
<ul> <li>4. MANDATORY OR VOLUNTARY DISCLOSE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION:</li> </ul>													
Disclosure of information is													

# INSTRUCTIONS FOR COMPLETING USFK FORM 81 APPLICATION FOR INDIVIDUAL-SPONSORED INSTALLATION/BASE ACCESS 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); Input applicant's current nationality
- 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. Applicant's relationship to the sponsor (Not applicable for Personal Hire Applicant)
- 13. Access requirements:

13a. Input requested access area (EX. Humphreys, Osan, 8A-Wide, etc).

**NOTE:** Request for USFK or 8A - wide Access require approval from the USFK Chief of Staff (CoS) or 8A Commander/Delegated Authority. Request for this type of access will be forwarded through the USFK Provost Marshal Office, Security Division (FKPM-S), for processing and submission to the Approving Authority.

13.b.c. Input FPCON and HPCON levels.

13.d. ESCORT PRIVILEGE. Limited to Non-DoD Family Member and Civilian Retiree Family Member only.

- 13.e.f. Input requested access hours and days.
- 14. Sponsor Information (Provide all required information)
- 15. JUSTIFICATION. State all relevant information to justify installation pass request based on the type of pass being requested (Include photocopy of KID card or passport photo page)

## 16. SPONSOR MUST READ and SIGN STATEMENT OF UNDERSTANDING

### SECTION II - PASS & ID Office or PMO will:

17a.b. & c. Must have local law enforcement, KNP and NCIC checks completed prior to issuance of the pass, as applicable.

18. If derogatory information is found, provide the detail to the approving official to assist in determining approval/disapproval or continued installation access privilege

19. Signature of Pass & ID Section Chief or NCOIC that reviewed of application for completeness. If not, return the application packet to obtain missing information or documentation

20. Annotate pass expiration date here when the pass is issued.

### SECTION III - APPROVING AUTHORITY will:

Indicate APPROVE OR DISAPPROVE and sign USFK Form 81.