

# REQUEST TO VISIT U.S. ARMY KWAJALEIN ATOLL/REAGAN TEST SITE

(This form is affected by the Privacy Act of 1974)

K-BADGE NUMBER \_\_\_\_\_, Last 4 of SSN \_\_\_\_\_

## PRIVACY ACT STATEMENT

The information requested herein is under the authority of 10 USC3012. The information on this form will be used to determine if entry authorization to USAKA/RTS will be granted under applicable laws and regulations. The information will be used by the Commander, USAKA/RTS, and staff in evaluating a request to visit USAKA/RTS. In addition, the information may be disclosed to any element of the DoD which may be concerned with approvals, disapprovals, or revocations of entry authorizations. The information may be disclosed to the Justice Department if it appears that the furnished information may be false and may constitute a violation of federal law. Disclosure of the information is not mandatory, but failure to do so will result in delay in processing and may result in denial.

SPONSOR (From):	COMPANY:	TO: Commander, USAKA (Attn: PMO)
<p><b>(1) In accordance with USAKA/RTS Regulation 190-10 (Entry &amp; Exit Control), I request the following named individual(s) be authorized to visit USAKA/RTS for the period of _____ to _____.</b></p> <p>I certify that to the best of my knowledge, no medical problems exist that require extraordinary care and that the purpose of the visit is not for access to USAKA/RTS for medical services. I understand that pregnant visitor(s) who are within 2 months of expected delivery will not be allowed to visit USAKA/RTS. I understand that I am responsible for any medical bills, financial charges, and debts incurred by my visitor(s) while at USAKA/RTS. I understand that I must be present at USAKA/RTS during the entire time period that I am sponsoring the named individual(s).</p>		

## VISITORS PERSONAL DATA

NAME (Last, First M.I.)	Last 4 of SSN	Date of Birth	Place of Birth	Citizenship	Relationship to Sponsor
1.					
2.					
3.					
Sponsor Quarters & P.O. Box #:	Visitor Quarters at USAKA/RTS:	The visitor has my permission to reside at my residence. (Required only if different than sponsor)			TRAVEL VIA: <input type="checkbox"/> AMC <input type="checkbox"/> Continental <input type="checkbox"/> Other <input type="checkbox"/> Air Marshall Is. <input type="checkbox"/> Boat (Ebeye) <input type="checkbox"/> Boat (Ennubirr)
Phone: (W)		Resident's Printed Name if other than Sponsor			
(H)		Resident's Signature if other than Sponsor			

## (2) Comments:

- If the visitor(s) is/are U.S. citizens, the sponsor must provide their visitor(s) passport number(s). If the visitor(s) is/are a third-country national (not U.S. citizen and not RMI citizen) the sponsor must provide a copy of the visitor(s) passport(s). Non-U.S. citizen visitor(s) must also attach a copy of a U.S. Entry Visa or U.S. Permanent Resident Card.

## Pass Port Number

(3) I understand that I am responsible for the conduct and locally incurred debts of the above named visitor(s).	(4) This request has been <b>reviewed</b> by the sponsor's employer. Approval <input type="checkbox"/> is <input type="checkbox"/> not recommended.
Sponsor's Printed Name	HRO Representative's Printed Name
Sponsor's Signature	HRO Representative's Signature

## AUTHORITY TO VISIT USAKA/RTS

TO: Email:	FROM: Commander, USAKA/RTS ( <b>PMO</b> )	ENTRY/EXIT APPROVAL / DISAPPROVAL
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Request is **APPROVED / DISAPPROVED** for the period indicated above.

Signature of Commander or Designated Representative

DATE

**REMARKS:**