

JPAS VISIT REQUEST FORM

Refer to AR 380-67 for guidance to complete this form, proponent is the Security Office.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 331, 552, 552A; 10 USC 10204.
PRINCIPAL PURPOSE: The following information will be used to obtain a determination regarding installation access for visitors.
ROUTINE USES: Used as an identifier to initiate, conduct, and/or verify security clearance.
DISCLOSURE: Completion of this form is voluntary, however, failure to provide all information could result in access denial.

If you have any questions about this form, contact the RIA Installation Security & Intelligence Office (ISIO).
Vincent V. Brown: 2-6611 or Stephen W. Gamble: 2-1369

REASON FOR VISIT (please select one):

VISIT DATES: (List the first and last day of the visit. If the traveler knows that (s)he is going to making multiple trips to the same location over a period of time, the beginning and end dates should reflect that.)

First Day of Visit:

Last Day of Visit:

POC INFORMATION: (List the name and phone of the person you are going to visit or who is coordinating the visit.)

POC Name:

POC Phone:

SMO CODE: (The SMO code is for the location/organization that the traveler is going to visit. Obtain this code from the POC before submitting the travel request. Visit requests without an SMO will not be processed.)

SMO:

NAME OF TRAVELER(S): (Provide the name of the traveler. If several people are going to the same SMO, list their names together. If entering DoD EDIPN, enter date of birth (DOB) also.)

Name:

Full SSN or DoD EDIPN/DOB:

Name:

Full SSN or DoD EDIPN/DOB:

Name:

Full SSN or DoD EDIPN/DOB:

Name:

Full SSN or DoD EDIPN/DOB:

Name:

Full SSN or DoD EDIPN/DOB:

Name:

Full SSN or DoD EDIPN/DOB:

LEVEL OF CLASSIFIED INFORMATION ACCESS REQUIRED FOR VISIT:

SIGNATURE:

PLEASE COMPLETE ALL SECTIONS AND E-MAIL AS AN ATTACHMENT TO:

usarmy.ria.imcom-central.mbx.usag-pls@mail.mil