



DEPARTMENT OF THE ARMY
ORGANIZATION
ADDRESS
CITY STATE ZIP

XXXX-XXXX

DD Month YYYY

MEMORANDUM FOR Directorate of Emergency Services Visitor Control Center, Fort Stewart/Hunter Army Airfield (FS/HAAF)

SUBJECT: Exception to Policy, AIE Pass Requirement

1. The below listed personnel have been identified as having a valid requirement to be issued an AIE Pass to access FS/HAAF:

- a. Name: Last, First M.
- b. Date of Birth: DD/MM/YYYY
- c. Last 4 of SSN: XXXX
- d. Purpose: Detail justification for requiring an installation pass
- e. Duration (specify duration*): Start Date (DD Month YYYY) – End Date (DD Month YYYY)
- f. Sponsor's Unit/Organization: List the sponsoring unit/organization for the guest(s) listed above
- g. Location of Pick-up: List which Visitor Control Center you wish to retrieve your pass from: Fort Stewart or Hunter Army Airfield

2. The point of contact for this memorandum is the undersigned at 912-555-1234 or first.m.last.mil@mail.mil.]

FIRST M. LAST
CPT, AR
Commanding

*Duration Authorization by Level of Commanding Authority

1 – 7:	Company/Detachment Commander	(CPT)	(1LT with Assumption of Command Memo)
8 – 90:	Battalion Commander	(LTC)	(MAJ with Assumption of Command Memo)
91 – 120:	Brigade Commander	(COL)	
121 – 365:	Garrison Commander	(COL)	