

23 Jan 2023

APPOINTMENT DATE :		TIME:	DATE RECEIVED:	BY:
DBIDS CARD / PAPER PASS				
LAST (姓)		FIRST (名)		MIDDLE
DOB (生年月日):MM/DD/YYYY		GENDER (性別)		NATIONALITY (国籍)
		MALE / FEMALE (circle)		
DRIVER'S LICENSE NO.		ID TYPE :		DBIDS NO.
		ID NO :		
HAIR COLOR (髪の色)	EYE COLOR (目の色)	HT (身長/Ft.In.)	WT (体重/Pounds)	
CURRENT ADDRESS / 現住所(英語及び漢字)				
/				
PERMANENT ADDRESS FOR JAPANESE ONLY / 本籍地(日本人のみ)				
PLACE OF BIRTH (出生地) :				
/				
〒郵便番号/ZIP CODE	MOBILE OR HOME NO. (携帯電話/自宅)		EMAIL ADDRESS	
COMPANY NAME (申請者の所属会社)			WORK PHONE NO. (勤務先の電話)	
TIME (入門時間) FROM ~ TO	DAYS OF WEEK (入門曜日)		DATE OF ENTRY (申請期間)	
~	S / M / T / W / T / F / S (circle)		/ / ~ / /	
MAIN CONTRACTOR (元請会社) :				
PHONE NO (電話番号) :			CONTRACT PERIOD (契約期間)	
CONTRACT NO (契約番号) :			~	
CONTRACT TITLE (契約名称) :				
ACCESS AREA (行先)				
1. MAIN BASE 2. M/B HOUSING 3. HARIO HOUSING 4. FIDDLER'S GREEN 5. M/B PIERS				
6. AKASAKI 7. IORIZAKI 8. YOKOSE 9. MAEBATA ORD 10. HARIOSHIMA ORD (circle)				
SPONSORING ORGANIZATION (スポンサー部署)			SPONSOR'S NAME (TYPE)	
SPONSOR'S E-MAIL :			SPONSOR'S SIGNATURE	
SPONSOR'S PHONE NO				
PRIVACY ACT STATEMENT				
Collection of this is authorized by the Privacy Act, U.S.C. Section 552(a). The information will be used to process Base Pass.				
The information on this form may be disclosed to the third parties in accordance with the provision of 5 U.S.C. Section 552(b).				
Completion of this form is voluntary; however, failure to provide the information requested may preclude the processing of Base Pass				
PASS COORDINATOR (パスコーディネーター)			PASS & ID OFFICE	
NAME & PHONE NO :				
DATE RETURNED :		BY	CONFIRMED BY :	
TRANSMITTAL / FILE NO :			DATE TRANSFERRED :	