Base Access Authorization for Immediate Family Member of Designated Third Country National (TCN) (Ref: USFJ INST 31-204)

YOUR REQUEST AS ST		
Sponsor's Signature and Date YOUR REQUEST AS STATED HAS BEEN APPROVED.		
CONTAINED HEREIN IS OF PROOF OF RELATIO		ST OF MY KNOWLEDGE AND BELIEF IN LIEU
GUEST(S). I PLACE MY	SIGNATURE IN CERTIFIC	CATION THAT THE INFORMATION
		TEM ABOVE MAY RESULT IN THE R FUTURE DENIAL OF BASE ACCESS FOR MY
3. Acknowledgement		TELL A DOLLE MAN DECLY TO THE TAXE
to immediate family. Check appropriate box to the right.)	□Sponsor's Spouse	Listoning's children under 21 years of age
(This form is only applicable	•	□ Parents □ Grandparents □ Siblings □ Sibling's children under 21 years of age
Relationship	□Sponsor's	
Occupation	(mm/dd/yy) □Government Official/Military □Non-Government Official	
Country of Citizenship		Date of Birth
Name (LAST, First, MI)	Gues	
appropriate box to the right.)	Gues	 st2
(This form is only applicable to immediate family. Check	□Sponsor's Spouse	☐Sibling's children under 21 years of age
Relationship	□Sponsor's	□Parents □Grandparents □Siblings
Occupation	☐Government Official/Mi	· · ·
Country of Citizenship		Date of Birth (mm/dd/yy)
Name (LAST, First, MI)	Gues	
Access Type	☐ Temporary (less than 72 Gues	· · · · · · · · · · · · · · · · · · ·
Access Type	Town one my (loss than 7)	2 hours)
Period of Access	moer(s) injointation	
2. Immediate Family Me	 mhor(s) Information	
Email Address		
Command Name Cell Phone Number		
, , , , ,		
Name (LAST, First, MI)	•	