

## Instructions for completing the Golf Patron Pass Civilian Access Form

***\*Valid only at Redbank Golf Course on the NWS***

- 1) Print your information in blue or black ink so that it is legible.
- 2) Provide a color copy of the front and back of your South Carolina REAL driver's license ID card.
  - a. Should your license say "Not for Federal Identification" you must provide a copy of it along with a copy of a valid passport OR a concealed weapons permit ID card. EXAMPLE:



- b. Out of state license holders are NOT permitted a Golf Patron pass.
- 3) Should you want to mail the application into us along with the copy of your license AND the required \$10 payment, you may do so at:
  - a. Attn: Aaron Sales, Director of Golf  
102 N. Davis Drive, Suite 322  
Joint Base Charleston, SC 29404
  - b. Checks must be payable to: Department of the Air Force
- 4) You will receive one phone call from our staff once you've been cleared for access. You may then proceed to the Visitor's Control Center, bldg. 3, off Red Bank Road each time you would like to play golf to receive a "day pass." Should you want to play on the weekends, you must go to the VCC the Friday before.
- 5) Time of processing is around 10-14 days after receipt.



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 628TH AIR BASE WING (AMC)
JOINT BASE CHARLESTON SC

Golf Pass # \_\_\_\_\_

MEMORANDUM FOR: 628 SECURITY FORCES/VCC

SUBJECT: Worksheet for Personnel to access Joint Base Charleston

CHECK ONE THAT APPLIES

- Babysitter Student Caregiver/Custodial Parent Civil Air Patrol Volunteer Civilian Spouse
Golf Patron Pass Honorary Commander Internship Skeet Range Frequent Visitor
Other: \_\_\_\_\_ College Name: \_\_\_\_\_

\*\*\*\*FILL OUT ALL THAT APPLY TO APPLICANT ONLY \*\*\*\*

Applicant Name (LAST, FIRST, MI) \_\_\_\_\_ DOB \_\_\_\_\_
SSN \_\_\_\_\_ Race \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Place of Birth \_\_\_\_\_
Driver's License/ID Card # \_\_\_\_\_ State \_\_\_\_\_ Address \_\_\_\_\_
Phone # \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_
Identifying features (birthmarks, tattoos, scars, etc) \_\_\_\_\_

- 1. Are you a U.S. Citizen? Yes No
If NO, provide a copy of Passport/Permanent Resident Card
2. Have you ever been convicted of a felony? Yes No
3. Are you a Registered Sex Offender? Yes No
4. Are you on Probation/Parole? Yes No
5. Have you ever been barred from a military installation? Yes No

I am requesting access to: [ ] Medical Group [ ] Commissary [ ] AAFES/NEX [ ] MWR
[ ] Child Development Center [ ] Youth Programs [ ] Guest Housing

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days & Times: Monday - Sunday 0630-2000

By signing, you authorize a background check to be accomplished which will determine your entry to JBCHS. If you have any questions, please contact the Visitor Center at (843) 963-5729/6148(Air Base) or (843) 794-4232/4122 (Weapon Station).

Applicants Signature

Date

Base Sponsor Signature

Base Sponsor DOD #

Aaron Sales, 843-963-1836, Director of Golf, 628 FSS/FSWG

Base Sponsor Printed Name/Phone #/Duty Title/Organization

Famulus Omnis - Serving All

CONTROLLED UNCLASSIFIED INFORMATION (CUI)

\*\*\*\*This form is subject to the Privacy Act of 1974\*\*\*\*

REV: 30 Oct 2020

Security Clerk (VCC ONLY) \_\_\_\_\_