



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

MEMORANDUM FOR SECURITY FORCES/VCC

SUBJECT: Worksheet for Personnel to access JB CHS

CHECK ONE THAT APPLIES: Babysitter Boy Scout Bridge Club Caregiver/Custodial Parent
 Civil Air Patrol Civilian Dep Spouse Golf Patron Pass Honorary/Advisory Council
 Internship Skeet Range **Marrington Plantation Trails/Hunt/Fish** (Circle one)
 Other _____
 College-Name _____

FILL OUT ALL THAT PERTAINS TO THE APPLICANT ONLY.

- Applicant Name (Last, First, MI) _____
- Applicant Address (Street, Apt #, City, State, Zip): _____
- Relationship to whom you are requesting access: _____
- Applicant SSN: _____ - _____ - _____ Applicant Race: _____ Sex: M - F (Circle One)
- Applicant Date of Birth (M-D-Y): _____ Place of Birth: _____
- Driver's License or State ID Card #: _____ (Attach a copy of State DL/ID) Phone #: _____
- I am a Patron of one of the following: _____ Expiration of Access: _____
JB CHS-AB Star-lifter Bowling Center ; **Wrenwoods Golf Course** ; **Charleston Club** ; **Skeet Range**
JB CHS-WS Marrington Bowling Center ; **Redbank Golf Course** ; **Redbank Club**
- Are you a US Citizen? YES NO (Check one)
 (If no, a **COPY** of a valid Pass Port and/or Permanent Resident Card **MUST** be provided)
- Have you ever been convicted of a FELONY? YES NO
- Are you a Registered Sexual Offender? YES NO
- Are you on Probation/Parole? YES NO
- Have you ever been barred from a military installation/? YES NO
- Please list any visible identifying marks (i.e. birthmarks, tattoos, scars, etc.): _____
- I am requesting the following: Medical Group Access Commissary Access AAFES Access **MWR**
 Child Development Center Youth Development Programs Guest Mil Housing (More than 1 day)
- Start Date: _____ End Date: _____ Days/Times needing access: Mon - Sun 0500-2100
- Are you a DoD Civil Service Retiree? YES NO 17. Do you have an OPM Card? YES NO
- What DoD Dept. (if any) did you Retire from: USAF USN USA USMC Other DoD Agencies: N/A
- This information will be used as means to approving/denying your entry. If you have any questions, contact the Pass & Registration section, at 963-7807/6158 JB CHS-AB or 794-7417 JB CHS-WS.
- By signing this form, you authorize a background check to be accomplished which will determine your entry to JB CHS.

Applicant's Signature _____

Signature Base Sponsor / DATE _____

Printed Name / DATE _____

Annette Sellers OAC Supervisor/Angel Kirk OAC Rec Assistant 843-794-2120 628FSS/FSWO-WS
 Printed Name/Duty Title/Phone #/Organization of Sponsor _____

Base Sponsor DOD # _____

JB CHS/J5P, Pass & Registration Security Clerk Initials: _____