

**VISITOR ACCESS REQUEST TO MCAS YUMA****MCASY 5500/10 (Rev 07-18)****PRIVACY ACT STATEMENT**

This form collects Personally Identifiable Information (PII) necessary to perform background investigations of individuals desiring access to MCAS Yuma. Authority to collect and maintain this information, including Social Security Numbers, within a system of records includes Title 10 U.S.C. §§5013-41; DoD 5200.8R; OPNAVINST 5530.14C; MCO P5530.14; and E.O 9397. Disclosure of personal information is voluntary and no adverse action can be taken against individuals for refusing to provide information on this form. However, access to MCAS Yuma may be denied for individuals who decide not to disclose information.

**FOR OFFICIAL USE ONLY**

This form contains information that is provided for official use only and is protected from public disclosure by the Privacy Act of 1974, 5 U.S.C. §552(a). All recipients are required to ensure that this information is used solely for the specific official government business for which it was provided. All users and requestors are required to properly document and store Personally Identifiable Information (PII) pursuant to SECNAVINST 5211.5E and MCAS Yuma StaO 5211.1. Further duplication of this material without prior authorization from this office is not authorized. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

**SPONSOR CERTIFICATION**

I certify that the information provided below is true and accurate and that:

1. Information disclosure is voluntary; however, failure to provide requested information may impede, delay or prevent processing of sponsorship.
2. Access for requested visitor will be authorized **ONLY** if presentation of the below listed identification card is presented at the approved time/place of entry.

Sponsor Typed Name:

Rank:

Phone:

Branch of Service:

Unit/Organization:

Work Section w/ Ext:

Home Address/Barracks:

☐ On base Housing please check☐ Single Visitor☐ Multiple Visitors ( Must complete "Multiple Visitor Submission Document")

Reason for Visit/ Request:

Location of Event/Visit ( Name, Bldg. #, Unit):

Duration of Visit ( Not to exceed 90 days):

**VISITOR INFORMATION**

Last Name, First, Middle:

DOB:

Home Address:

Phone:

Credential Type:

Issued by:

Credential #:

**SPONSOR'S STATEMENT OF UNDERSTANDING**

- I ACKNOWLEDGE THAT I AM SPONSORING THE ABOVE INDIVIDUAL AS MY VISITOR FOR ACCESS TO MARINE CORPS AIR STATION YUMA (MCAS YUMA) AZ AND THE VISIT DOES NOT INCLUDE BUSINESS OR EMPLOYMENT DEALINGS. I UNDERSTAND ALL PERSONS DESIRING ACCESS TO THE INSTALLATION ARE SUBJECT TO ALL SECURITY AND BASE ACCESS REQUIREMENTS, INCLUDING A BACKGROUND CHECK.

- I UNDERSTAND THE ABOVE LISTED PERSON WILL BE ALLOWED ACCESS TO MCAS YUMA FOR A PERIOD NOT TO EXCEED 90 DAYS, AND THE REQUESTED DATE(S) IS THE MINIMUM PERIOD NECESSARY TO ACCOMPLISH THE PURPOSE OF THE VISITATION. SHOULD AN EXTENSION BE DESIRED, AN UPDATED FORM MUST BE SUBMITTED THROUGH THE MCAS YUMA ONLINE PORTAL OR AT THE PASS AND REGISTRATION OFFICE (BLDG #952).

- I UNDERSTAND THIS SPONSORSHIP IS FOR INSTALLATION ACCESS PURPOSES ONLY AND APPLICABLE HOUSING REGULATIONS GOVERN ANY VISITOR T ANY ON-BASE RESIDENCE. ADDITIONALLY, I WILL NOTIFY PASS AND REGISTRATION WHEN I AM NO LONGER INTERESTED IN SPONSORING THIS PERSON ABOARD MCAS YUMA

- I UNDERSTAND THAT ADDITIONAL INFORMATION IS AVAILABLE AT: <https://www.mcasyma.marines.mil/Base-Access/>

- I UNDERSTAND THIS FORM WILL BE REJECTED IF THE INFORMATION IS INCOMPLETE OR ILLEGIBLE.

Signature of Sponsor/Digital Signature:

Date:

**PROVOST MARSHAL GOVERNMENT VALIDATING OFFICER (GVO)**

GVO Signature:

Date:

GVO Typed Name

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