

**DARB 4 - DOBBINS SECURITY FORCES PRE-AUTHORIZATION
GROUP/SPECIAL EVENT ACCESS REQUEST FORM**

1. Sponsor Register in DBIDS: <input type="checkbox"/> YES <input type="checkbox"/> NO Note: All DoD ID Cardholders must be registered in DBIDS to sponsor a group of visitors/guest on Dobbins.	2. Effective Time of Visit: Effective Date/s of Visit:
3. Sponsor/Escort Full Name:	4. Expiration Time of Visit: Expiration Date of Visit:
5. Reason for Access:	6. Sponsor/Escort Contact Number Work: Cell:
7. Location (building/s or area to be occupied) at Dobbins	
8. Special Notes	
<p>9. The individuals listed below are a visitor/guest of: _____ . I take full responsibility for the individuals and to the extent of my knowledge, these guest/visitors are trustworthy and reliable and does not possess any adverse character traits or exhibit any indications of aberrant behavior that would constitute an unreasonable risk to the health and safety of members assigned and working on DARB. I, therefore request that when these individuals satisfactorily complete their required criminal history background check, that these visitors/guest be granted clearance for unescorted access to the installation. I have briefed the listed individuals of the entry procedures required to enter Dobbins Air Reserve Base. My guests understand that upon entering the facility they may be required to submit to an installation entry point check. The driver must have a valid driver's license, proof of vehicle auto insurance, proof of vehicle registration and must abide by all base traffic instructions. Passengers must have valid photo identification. The use of seatbelts is mandatory on Dobbins ARB.</p> <p>10. SIGNATURE: _____ 11. DATE: _____</p> <p>12. DRIVER'S LICENSE NUMBER: _____</p> <p>13. STATE ISSUED: _____</p> <p>14. SPONSOR'S DATE OF BIRTH (MUST PROVIDE): _____</p> <p>15. SPONSOR'S SOCIAL SECURITY NUMBER (MUST PROVIDE): _____</p> <p align="center">Please note: The Sponsor is required to complete the form and must either fax to: 678 655-5999 or hand deliver to Pass & Registration Office, Bldg 866. Email submissions cannot and will not be accepted because of Information Assurance policy. Also, if the Sponsor is not registered in DBIDS at the time of submission, the request for access will not be accepted.</p>	

Authenticated by Name, Rank/Grade: _____

Date: _____ Time: _____

Pages _____ of _____

Signature: _____

Distribution: Police Services, Pass & ID, Gate 1, Gate 2, BDOC,

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16.Type Visitor: (Please check one) <input type="checkbox"/> Personal Visitor <input type="checkbox"/> Business Visitor <input type="checkbox"/> Vendor/Service Worker				17.Date of Request:
18. Sponsor Organization:			20. Time and Date/s of visit:	
19. Sponsor Name:				
21. Title of Event		22. Sponsor Contact Number (Cell phone # preferred):		
23. Last Name, First, MI	24. Citizenship	25. Date of Birth	26. Make/Model of vehicle	27. Vehicle Plate/State (tag)
1.EXAMPLE: SMITH, JOHN D.	U.S	12/25/1960	BMW 535	ABC 2900/ GA
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