



**DEPARTMENT OF THE AIR FORCE
341ST SECURITY FORCES SQUADRON**

MEMORANDUM FOR 341 SFS/S5V

FROM:

SUBJECT: Pre-Enrollment for Base Fitness Determination/Pass Issuance

1. I will be sponsoring the following individuals onto Malmstrom AFB. I understand my responsibilities as a sponsor and will not violate any instructions established by the Installation Commander. Failure to comply may result in loss of sponsorship privileges.

| Sponsor's Last, First | Rank | DOD ID# | Unit | Contact# |
|-----------------------|------|---------|------|----------|
| | | | | |

| Visitor's Last, First | DOB | DL/Passport/State ID# | State | Vehicle LP# | State |
|-----------------------|-----|-----------------------|-------|-------------|-------|
| | | | | | |
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| | | | | | |
| | | | | | |

| Location of Visit | First Day of Visit | Last Day of Visit (not to exceed 30 days) |
|-------------------|--------------------|---|
| | | |

| SUN | MON | TUE | WED | THUR | FRI | SAT | HOURS (24 hrs/Other i.e. 0700 – 1600) |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

2. By signing this form, digitally or in ink, you will not be required to accompany your visitor to receive their pass. If you cannot digitally sign, print/sign and bring the completed form to the VCC at least 5-days prior to the first day of the visit.

| First MI. Last | Rank | Affiliation |
|----------------|------|-------------|
| | | |
| Sponsor | | |

| S5V Only | Verified | Initials | NCIC | Initials |
|----------|----------|----------|------|----------|
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