



DEPARTMENT OF THE AIR FORCE
341ST SECURITY FORCES SQUADRON

MEMORANDUM FOR 341 SFS/S5V

FROM: _____
Sponsors name

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	DVES CODE

Visitor's Last, First	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)

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 3-days prior to the first day of the visit.

Name/Unit of Sponsor

S5V Only			
Verified	Initials	NCIC	Initials