47th Security Forces Squadron Entry Authority List

LAUGHLIN AFB VISITOR CONTROL CENTER SPECIAL EVENT FORM

Privacy Act Statement All information provided on this form is protected under the Privacy Act of 1974, 5 USC §522a						
•	•					
CONTROL	ction I. Filled Out By Visitor Center Staff Upon Turn-In for Processing					
NUMBER						
VISITOR CENTER						
STAFF SIGNATURE						
Section II. Requirements						
Social Security Number f appears on person(s) driv 47sfs.passregistrationvcc(carry the EAL to the visit scheduled event. All EAL's will be accepted. identity will be proofed visitor center staff, last m will require the sponsor to	ist containing their full legal name such as Last name, First name, Date of Birth, for the individuals, in alphabetical order . Given names need to be match, as it er license/social security card. Sponsors must send EAL via encrypted email to www.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.www.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag.ww.ag					
FUNCTION Se	ction III. Event Information					
I O CATION OF						
LOCATION OF FUNCTION						
DATE(S) OF FUNCTION						
TIME FUNCTION						
STARTS & ENDS	ation IV CDONGOD /Doint of Contact Information					
	ction IV. SPONSOR/Point of Contact Information s are needed so we can reach you in case there is an issue with the special event					
	list all three phone numbers; just the number you can be contacted at anytime.					
SPONSOR FULL NAM (must be affiliated to LAFB)	E					
SPONSOR (Military Only)						
ORGANIZATION						
HOME PHONE NUMB	ER					
WORK PHONE NUMB	ER					
MOBILE PHONE NUM	IBER					
SPONSOR SIGNATUR	Е					
	Section V. Special Event Guest List					

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NOTE: Last name, First name, Date of Birth and Social Security Number of the individuals in alphabetical order for all guests 18 and over. Provide Last name, First name, and Date pf Birth for individuals under 17. Do not add DoD ID card holders to this list. First Name **Date of Birth Last Name Social Security Number**

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