



**DEPARTMENT OF THE AIR FORCE  
AIR FORCE RESERVE COMMAND**

MEMORANDUM FOR 482 SFS/S5V

Date:

FROM:

LAST NAME	FIRST NAME	M.I.	RANK	DOD ID #	UNIT	CONTACT #

SUBJECT: Pre-Check for Base Fitness Determination/Visitor Pass Request

1. I will be sponsoring the following individuals on to Homestead ARB. 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.

LAST NAME	FIRST NAME	M.I.	DOB	DL/Passport/State ID#	STATE

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

HOURS REQUESTED (24hrs/Other i.e. 0700-1600)	
AFFILIATION TO VISITOR(S)	

2. By signing this form, you will not be required to accompany your visitor to receive their pass. All forms will be emailed to If you are unable to digitally sign, you must print, sign, and hand carry the completed form to the Visitor Control Center, Building #901, no later than 3 days prior to the first day of the visit.

FIRST M.I. LAST NAME, RANK/CIV  
Sponsor

VCC ONLY			
Verified	Initials	NCIC	Initials