

REQUEST FOR PETERSON AFB ACCESS PASS ONLY FOR CADETS

I. From CAP Member _____
Last Name, First Name, MI

II. CAP member last 6 digits of SSAN: CAP Member ID: _____

CAP Member Rank: _____ CAP ID expire: _____

III. Please **circle one** and complete all requested information.

I am renewing my existing pass.

I do require a pass, I submit the following information for my **parents or guardians (MAXIMUM OF THREE)**:

1. Parent's Full Name _____ Last 6 of SSAN _____

2. Parent's Full Name _____ Last 6 of SSAN _____

3. (Other) Full Name _____ Last 6 of SSAN _____

I may be contacted at _____ and/or _____
(phone number) (email)

IV. BASE ACCESS POLICY (READ CAREFULLY BEFORE SIGNING). After signing this form, give it to your Squadron Commander (or designee). **DO NOT GIVE THIS FORM TO THE VISITOR CENTER.** I understand that, after my Cadet's membership has been accepted by National Headquarters, Civil Air Patrol, and my Cadet's information has been provided to the Peterson AFB security forces, I may then obtain a pass until the expiration date of my membership at the visitor center weekdays (excluding federal holidays) from 6:00 am to 2:30 pm. Direct any questions to the Colorado Wing Administrator, CAP at 719-556-8280 (weekdays) from 7:30 am to 4:30 pm. I also understand that my base pass is only valid for the installation where it was obtained, and may not be valid at any other installation or facility.

I understand a pass will not be issued until my Cadet's membership has been approved by NHQ CAP. I further understand that my base pass may not include escort or commissary privileges. Photography, video or recording equipment are forbidden on or near the flight line. Personal firearms are not allowed on the base at any time.

Please return this request to the Squadron Commander when completed. Please allow approximately 3-5 business days to process prior to acquiring your base pass at the Visitor Center.

V. REQUIRED FOR VALIDATION:

I _____ have been briefed on Peterson AFB Base Access policies and procedures.

REQUESTED BY: <i>Type or print full name</i>	CAP ID:	SIGNATURE:	DATE:
---	---------	------------	-------

APPROVED: <i>Name/Rank of Unit Commander:</i>	CAP ID:	SIGNATURE:	DATE:
---	---------	------------	-------

INSTRUCTIONS AND GUIDANCE FOR COMPLETING REQUEST FOR PETERSON AFB ACCESS PASS FOR SENIOR MEMBERS.

ITEM

I. Self-explanatory.

II. Complete all applicable fields. SSAN refers to the CAP Member's Social Security Number. **Do not give the full SSAN!** Additional guidance is contained in CAPR 1-2.

III. Indicate action requested and check the appropriate selection below. **Check only one action.** For example, a CAP Member who already has a Peterson AFB access through the DBIDS system may circle the first choice and proceed directly to ITEM IV. A CAP Member who already has access through other means (active duty, retiree, dependent, CAC card, etc) may circle the second choice, and will include their contact information as follows.

IV. Self-explanatory.

V. Self-explanatory.