

VANDENBERG ELECTRONIC SECURITY SYSTEM AREA ENTRY REQUEST

AUTHORITY: 10 U.S.C. 8013, 44 U.S.C. 3101, EO 9397. PRINCIPAL PURPOSE: To record personal information on an individual whose duty performance requires entry into Air Force restricted and controlled areas in order to coordinate with the appropriate official and determine when and what type of entry credential to issue. SSN is used for further identification of an individual. ROUTINE USE: None. DISCLOSURE IS VOLUNTARY: Failure to disclose the information and SSN would result in not being allowed entry into these areas.

I. APPLICANTS

NAME (Last, First, Middle Initial)	GRADE	ORGANIZATION AND OFFICE SYMBOL	DUTY PHONE	SOCIAL SECURITY NUMBER
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TYPE OF REQUEST	ACCESS TYPE	SECTIONS V THROUGH VII FOR OFFICE USE ONLY		
INITIAL	PERMANENT	V. OPR CONCURRENCE		VI. APPROVING AUTHORITY
ADDITIONAL AREA(S)	TEMPORARY	PRINTED NAME, SIGNATURE AND DATE		PRINTED NAME, SIGNATURE AND DATE

INSTRUCTIONS:

1. Enter the clearance code for which entry is being requested.
2. If requesting authority to activate/deactivate alarms, place an "X" in A/D column for that specific area.
3. OPR concurrence is the requesting agencies security manager or designated representative.
4. Approving authority is Commander or Designated Representative responsible for the facility or area.

CLEARANCE CODE	A/D	OPR	CARD	PRINTED NAME, SIGNATURE AND DATE	PRINTED NAME, SIGNATURE AND DATE
			AECC	PRINTED NAME, SIGNATURE AND DATE	PRINTED NAME, SIGNATURE AND DATE
			AECC		
			AECC		
			AECC		
			AECC		
			AECC		

II. JOB DESCRIPTION

(Describe the duties that require unescorted entry into areas requested.)

III. VESS SECURITY TRAINING

I CERTIFY THE APPLICANT RECEIVED VESS SECURITY TRAINING ON _____
(Date)

PRINTED NAME AND SIGNATURE OF SECURITY REP	DUTY PHONE
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IV. REMARKS

REMARKS

VII. INDIVIDUAL'S ACCEPTANCE			
SHOULD I LOSE OR MISPLACE MY AUTOMATED ENTRY CONTROL CARD (AECC), I UNDERSTAND MY RESPONSIBILITY TO REPORT IT IMMEDIATELY THROUGH MY SECURITY MANAGER TO THE 30 SFS AF VESS MANAGER OR DESIGNATED REPRESENTATIVE. I FURTHER ACKNOWLEDGE THAT I AM REQUIRED TO REJUSTIFY MY ENTRY REQUIREMENTS WHEN I CHANGE DUTY SECTIONS OR ORGANIZATIONS. I ALSO UNDERSTAND THAT I AM SUBJECT TO ANNUAL REJUSTIFICATION OF VESS AREA ENTRY AUTHORIZATION.			
CARD NUMBER	ISSUE DATE	EXP DATE	SIGNATURE
VIII. KEYHOLDER RECORD			
	SIGNATURE	DATE	
PROGRAMMED BY			
VERIFIED BY			
ENTERED BY			
VERIFIED BY			

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