

CONTROLLED UNCLASSIFIED INFORMATION (CUI) WHEN FILLED IN



PRIVACYACT STATEMENT AUTHORITY: E.O. 9397.
PURPOSE: To collect information needed to establish lodging accommodation reservation(s) for distinguished visitors, families, and/or guest(s).
ROUTINE USES: None.
DISCLOSURE: Voluntary. NOTE: If information is not provided, a lodging reservation may not be guaranteed. **PRIVACY ACT STATEMENT:** Data contained in this communication is for use by authorized personnel and will not be disclosed to any person not otherwise authorized to receive this information IAW AFI 37-129, AFI 37-132, and DoD 5400.11R. This communication is designated For Official Use Only (FOUO).



COLUMBUS PROTOCOL DV NOTIFICATION & LODGING REQUEST

(Please complete one form per DV. If DV is traveling with an Aide or Exec, include them on this form. If the request comes from your squadron or group, please route through CCP and your front office. If CCP receives the request, we will route down for notification and approval.)

Visitor's Information				
Branch of Service:	Rank:	First Name:	Last Name:	Call Sign/Go-By Name:
Duty Title:			Organization:	
Base:	City:		State:	
Duty Phone:				
Arrival Date:		Arrival Time:		
Arrival Mode (POV/MilAir (If so, aircraft call sign)/ComAir, etc.):				
Departure Date:		Departure Time:		
Departure Mode (POV/MilAir (If so, aircraft call sign)/ComAir, etc.):				
Do You Need On-Base Lodging?		If so how many?		
If Not, Provide Off-Base Hotel Name:				
Purpose of Visit/Proposed Itinerary:				
Organizations/Units You Are Requesting to Visit:				
Provide Complete List of Visitors and Duty Titles:				
Why did you select CAFB for your visit? What do you Want to "Tell" Us? What do we Want to "Tell" You?:				
Accompanying Spouse's Name:				
Spouse's Preferred Name:			Spouse on Orders?:	
ORF Gift Exchange (if yes, what kind):				
Drink Preferences:				
Food Allergies or Dietary Restrictions:				

CONTROLLED UNCLASSIFIED INFORMATION (CUI) WHEN FILLED IN

Has Visitor Been Here Before? (Please list when and all times, if multiple):
POC Name/Organization:
POC Telephone/Email Address:
Please Provide Bio as Attachment
Additional Remarks/Level of Leadership involvement (Wing/Group/Squadron):
For Columbus Protocol Use Only
Protocol POC:
CAFB OPR:
UDI Approved Request Number:
Lodging conf# (on base):
Additional Info:

Current as of 25 April 2023. Previous versions are obsolete.