



CUI WHEN FILLED IN
**COLUMBUS AFB GATEKEEPER
 REQUEST FORM**



Please complete one form per event and email to 14ftw.gatekeeper@us.af.mil

EVENT INFORMATION	
NAME OF EVENT	
VENUE LOCATION (SPECIFY ON/OFF CAFB)	
NUMBER OF ATTENDEES	
UNITS, ORGANIZATIONS, OR COMMUNITY PARTNERS	
CLASSIFICATION LEVEL	
	START TIME END TIME
PRIMARY DATE to	-
ALTERNATE DATE to	-
CHECK ALL THAT APPLY	
<input type="checkbox"/> E-9 / O-6+ <input type="checkbox"/> CIVIC LEADERS / SES OFFICER VISIT <input type="checkbox"/> INSPECTION / STAFF ASSISTED VISIT <input type="checkbox"/> LODGING REQUIRED <input type="checkbox"/> WING LEADERSHIP ATTENDANCE/SPEAKER REQUEST <input type="checkbox"/> WING COMMANDER <input type="checkbox"/> DEPUTY WING COMMANDER <input type="checkbox"/> WING COMMAND CHIEF <input type="checkbox"/> OTHER:	<input type="checkbox"/> GOV FACILITIES/EQUIPMENT REQUIRED <input type="checkbox"/> FLYOVER REQUEST USAF Aerial Events Support SAF/PA CONFIRMATION #: <input type="checkbox"/> FOREIGN VISITOR REQUEST <input type="checkbox"/> TOUR REQUEST <input type="checkbox"/> FOOD SERVICE PRE-ORDER (ON BASE) <input type="checkbox"/> TRANSPORTATION REQUESTED (ON BASE)
AMPLIFYING INFORMATION:	
REQUESTOR'S INFORMATION	
TITLE	
RANK	
FULL NAME	
PHONE	
EMAIL	

Controlled by: USAF
 Controlled by: 14 FTW/A5
 CUI Category: PRVCY
 Distribution/Dissemination Control: FED ONLY
 POC: 14FTW/A5 662-434-1410

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FOREIGN VISITOR REQUEST FORM	
FULL NAME:	
RANK / DUTY TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
NATIONALITY:	COUNTRY OF PASSPORT:
PASSPORT NUMBER:	
PASSPORT ISSUED DATE:	
PASSPORT EXPIRATION DATE:	
FOREIGN ID (DRIVER'S LICENSE/ID #)/VEHICLE INFORMATION:	

CIVIC LEADERS / E-9 / O-6+ / SES OFFICER VISIT			
BRANCH OF SERVICE	RANK	FIRST NAME	LAST NAME
CALL SIGN/GO-BY NAME	DUTY TITLE:		ORGANIZATION:
	BASE:		STATE:
DUTY PHONE:			CITY:
ARRIVAL MODE (POV/MILAIR (IF SO, AIRCRAFT CALL SIGN)/COMAIR, ETC.):			
DEPARTURE MODE (POV/MILAIR (IF SO, AIRCRAFT CALL SIGN)/COMAIR, ETC.):			
OFF-BASE HOTEL NAME (IF APPLICABLE):			
PURPOSE OF VISIT/PROPOSED ITINERARY:			
ORGANIZATIONS/UNITS YOU ARE REQUESTING TO VISIT:			
PROVIDE COMPLETE LIST OF VISITORS AND DUTY TITLES:			
ACCOMPANYING SPOUSE'S NAME:			
SPOUSE PREFERRED NAME:			SPOUSE ON ORDERS?
ORF GIFT EXCHANGE (IF YES, WHAT KIND):			
DRINK PREFERENCES:			
FOOD ALLERGIES OR DIETARY RESTRICTIONS:			