

APPLICATION FOR INSTALLATION/BASE PASS (USFK FORM 37-EK) (USFK REG 190-7) <i>(SEE PRIVACY ACT STATEMENT ON PAGE 2)</i>						DATE
SECTION I - TO BE FILLED OUT BY SPONSOR AND APPLICANT (TYPE OR PRINT)						
1. NAME (LAST, FIRST, MIDDLE)		2. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		3. KID/SSN OR PASSPORT		
4. DOB (YYYYMMDD)	5. HEIGHT	6. WEIGHT	7. HAIR	8. EYES	9. GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	10. POB (CITY/COUNTRY)
11. ADDRESS & PHONE NO.						
11.a. CURRENT ADDRESS & PHONE NO. (ST NO., CITY & PROVINCE)				11.b. PERMANENT ADDRESS & PHONE NO. (ST NO., CITY & PROVINCE)		
12. ACCESS REQUIREMENTS <i>(If USFK or EUSA-wide; Special processing required)</i>						
12.a. ACCESS AREA		12.b. FPCON (A,B,C,D) B	12.c. ESCORT PRIVILEGES Pers 0 Vehicle YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		12.d. HOURS 0001-2400	12.e. DAYS Mon-Sun
12.f. PASS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> SHORT TERM VISITOR			12.g. STATUS <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> UPDATE			
13. SPONSOR INFORMATION						
13.a. SPONSOR (FULL NAME/RANK or GRADE)		13.b. SPONSOR SSN		13.c. SPONSOR ORG & PHONE NO.		
14. JUSTIFICATION FOR PASS OR VISIT (ATTACH COPY OF KID CARD OR PASSPORT AND PREVIOUS PASS) (FPCON Level, escort authorization, Access Area, and days/hours of access must be addressed in justification)						
<b>SPONSOR STATEMENT OF UNDERSTANDING</b>						
I fully understand my responsibilities as a sponsor for the control of the person identified at the top of this application. All information submitted is true and correct to the best of my knowledge. I further understand that it is my responsibility to ensure that I notify the Installation Pass & ID Office of any change in my status as a sponsor or any knowledge of misuse of the pass to be issued. It is my responsibility to ensure that the pass is returned to the Installation Pass & ID Office if it is not renewed, upon termination of employment or services being provided; or, for short term visitors or personal service employees, prior to my DEROS. Failure to comply with these requirements may result in adverse administrative or legal action against me.						
15. SPONSOR SIGNATURE		Signature			DATE	

**SECTION II - TO BE FILLED OUT BY DOD SPONSOR, CPOC OR USACCK**

NAME (LAST, FIRST, MIDDLE) (FROM BLOCK 1)		KID/SSN OR PASSPORT (FROM BLOCK 3)
16. GRADE/RANK	17. JOB TITLE	18. DATE OF EMPLOYMENT
19. UNIT/AGENCY/COMPANY ADDRESS/PHONE NO.		20. CONTRACTING OFFICER / PHONE NO.
		21. CONTRACT NO.
		22. CONTRACT PERIOD (YYYYMMDD-YYYYMMDD)

**SECTION III - REQUESTING AUTHORITY**

I HAVE REVIEWED THIS APPLICATION AND ITS SUPPORTING DOCUMENTATION AND I ENSURE IT MEETS THE PROVISIONS OF USFK REG 190-7.  Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	SIGNATURE, TYPED NAME, GRADE, DUTY TITLE  <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature</div>
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**SECTION IV - TO BE FILLED OUT BY PASS & ID OFFICE**

23. BACKGROUND CHECK WITHIN LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. DEROGATORY INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATE REQUESTED	DATE COMPLETED
<input type="checkbox"/> 23.a. Local Law Enforcement	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<input type="checkbox"/> 23.b. KNP	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<input type="checkbox"/> 23.c. US Embassy (if applicable)	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
25. IS APPLICANT A DESIGNATED COUNTRY PERSON (DCP)? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. IS THIS PASS APPLICATION IAW USFK REG 190-7? <input type="checkbox"/> YES <input type="checkbox"/> NO
27. DATE PASS ISSUED	28. PASS EXPIRATION DATE	

I HAVE REVIEWED THIS APPLICATION TO ENSURE INFORMATION AND DOCUMENTATION REQUIRED FOR AN APPROVAL DETERMINATION ARE ENCLOSED AND IAW USFK REG 190-7.

29. SIGNATURE OF PASS & ID SECTON CHIEF OR NCOIC	DATE
<div style="border: 1px solid black; padding: 5px; text-align: center;">Signature</div>	

**SECTION V - APPROVAL AUTHORITY**

I HAVE REVIEWED THIS APPLICATION AND ITS SUPPORTING DOCUMENTATION AND I ENSURE IT MEETS THE PROVISIONS OF USFK REG 190-7.  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE, TYPED NAME, GRADE, DUTY TITLE  <div style="border: 1px solid black; padding: 5px; text-align: center;">Digital Signature</div>
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**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** Title 10, USC, 3012(g).
2. **PRINCIPAL PURPOSE(S):** Use of Social Security Number or Korean Identification number is an additional means of identification of individuals
3. **ROUTINE USES:** An individual's Social Security Number or Korean Identification number, together with name and other personnel identifying data, may be used for the collection of derogatory information on file within DOD, host nation, and other Law Enforcement Agencies in determining an individual's suitability for access to USFK installations in Korea.
4. **MANDATORY OR VOLUNTARY DISCLOSE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION:**  
Disclosure of information is voluntary. Failure to provide required data may result in denial of access to USFK installations.