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**RAMSTEIN AIR BASE INSTALLATION ACCESS ROSTER REQUEST**

**Authority:** AFI 31-113 USAFE Supplement, 86 AW 31-101, 86 SFS OI 31-113, and AE Reg 190-16

**Purpose(s):** To identify personnel needing to gain ESCORTED/UNESCORTED access to Ramstein Air Base (RAB) in performance of an official duty or to attend a special event sponsored by a Kaiserslautern Military Community (KMC) organization or member.

**Disclosure:** Voluntary. Failure to provide any required information or to follow any instructions listed could result in delayed or denial of access to RAB.

**Section 1: Instructions**

1. This request must be submitted no later than (NLT) 10 duty days prior to the start date of the event.
2. The RAB Installation Access Roster (IAR) is for:
  - a. Pre-notification of personnel who are traveling under NATO or Invitational Travel Order (ITO) with a KMC installation listed on the orders.
  - b. Special event on KMC AF installation with personnel, not authorized unescorted access, having need to attend the official/unofficial function.
    - 1) UNESCORTED: **REQUESTS MUST BE SIGNED BY UNIT CC OR EQUIVALENT** prior to submitting to 86 SFS/S5I.
    - 2) ESCORTED: Unit CC/equivalent signature not required as long as sponsor is authorized escort privileges on KMC AF installations.  
**\*\*\*The escort official to guest ratio is 1 to 10\*\*\***
  - c. US-based contractor entry notification. Please attach the required German "Fax-back" form when submitting this IAR.
  - d. Host Nation Bus Tour, Official Guest entry, and DoDEA Sporting Event notification.
3. Sponsor must ensure all guests listed on this IAR are in possession of authorized personal identification media IAW the 86 AW 31-101 prior to base access.
4. Email this form and any other required documentation to: [86sfs.ramsteinvisitorcontrolcenters5iv@us.af.mil](mailto:86sfs.ramsteinvisitorcontrolcenters5iv@us.af.mil).
5. Contact DSN 480-2301/5775 **IMMEDIATELY** if there are any changes necessary to this IAR prior to the event start date or if there are questions/concerns.
6. If other installations are requested, coordination will be made with respective Installation Access Control Office (IACO) prior to final approval.

**Section 2: Sponsor/Event Information**

Event Name:

| <i>Section 2a: Sponsor Information</i>       | <i>Section 2b: Event Information</i> |                                |
|--|--------------------------------------|--------------------------------|
| Last Name:                                   | Start Date/Time (YYYYMMDD/HHMM):     | End Date/Time (YYYYMMDD/HHMM): |
| First Name:                                  |                                      |                                |
| SSN (Last 4):                                | Event Type (Select one):             |                                |
| Date of Birth (YYYYMMDD):                    | Reason for Access:                   |                                |
| Email:                                       |                                      |                                |
| Work/DSN Phone Number:                       |                                      |                                |
| Home or Cell Phone Number:                   | Access to Installation(s) Requested: |                                |
| Unit or Organization:                        |                                      |                                |
| POC(s) for Event (Rank Name/Unit/Contact #): | Sponsor Signature:                   | Date:                          |
|  |                                      |                                |

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**Section 3: List of Personnel (Alphabetical Order)**

|     | Rank | Last Name | First Name | Nationality | Date of Birth<br>(YYYYMMDD) | Passport/NATO-Military<br>ID Card Number |
|-----|------|-----------|------------|-------------|-----------------------------|--|
| 1.  |      |           |            |             |                             |  |
| 2.  |      |           |            |             |                             |  |
| 3.  |      |           |            |             |                             |  |
| 4.  |      |           |            |             |                             |  |
| 5.  |      |           |            |             |                             |  |
| 6.  |      |           |            |             |                             |  |
| 7.  |      |           |            |             |                             |  |
| 8.  |      |           |            |             |                             |  |
| 9.  |      |           |            |             |                             |  |
| 10. |      |           |            |             |                             |  |
| 11. |      |           |            |             |                             |  |
| 12. |      |           |            |             |                             |  |
| 13. |      |           |            |             |                             |  |
| 14. |      |           |            |             |                             |  |
| 15. |      |           |            |             |                             |  |

\*\*Additional names must be added to provided continuation page.

**Total # of Continuation Pages is:**

**Section 4: Unit CC Acknowledgment for UNESCORTED Special Event Request Only**

Unit CC or Equivalent Full Name, Rank, Unit:

Signature:

Date:

**Section 5: Ramstein Access Approval**

86 SFS/S5I Approving Official's Full Name, Rank

Signature:

Date: