

Department of the Air Force

Visitor Control System Virtual Access **Arnold AFB**





Virtual passes

■ **WHAT IS NEEDED TO CONDUCT A VIRTUAL PASS**

- Visitor Creates a DBIDS Profile on <https://dbids-global-enroll.dmdc.mil>
 - Visitor needs to provide a Driver's License/ID and their Social Security Number
 - Visitor will need to provide a scanned front & back photo copy of an approved valid Identification to the sponsor
 - Visitor will need to provide a clear, well lit, front facing bust (Passport Style) photo to the sponsor
-



Virtual passes

STEP 1

Visitor visits the following website and fills out a Pre-Enrollment Request.

[“https://dbids-global-enroll.dmdc.mil”](https://dbids-global-enroll.dmdc.mil)



Virtual passes

Visitors legal first, middle, and last names (suffix if applicable)



Person Name

First	Middle	Last	Suffix
<input type="text" value="John"/>	<input type="text" value="The"/>	<input type="text" value="Doe"/>	<input type="text" value="Jr"/>

Visitor's date of birth and citizenship



Date of Birth	Origin
Month: <input type="text" value="January"/>	Country of Birth: <input type="text" value="United States"/>
Day: <input type="text" value="1"/>	Citizenship: <input type="text" value="United States"/>
Year: <input type="text" value="2000"/>	

Visitor's Social Security number



Primary Identifier

Type	Value
<input type="text" value="SSN"/>	<input type="text" value="123456789"/>

Visitor's valid credential information



Secondary Identifier [x Remove](#)

Type	Value
<input type="text" value="Drivers License"/>	<input type="text" value="D123456789"/>
Issuing Country	Issuing State/Province
<input type="text" value="United States"/>	<input type="text" value="Maryland"/>



Virtual passes

Visitor's description matching
valid credentials



Visitor's height and weight



DEMOGRAPHIC INFORMATION

ⓘ These fields are **NOT** required but recommended

Description

Gender

Male

Ethnicity

Other

Hair Color

Red

Eye Color

Green

Height

Feet

5

Inches

10

Weight

Pounds

200

Additional

Occupation

BACK

Step 2 of 5

NEXT



Virtual passes

Visitor's physical address



Visitor's Email



Visitor's phone number



ADDRESS/CONTACT INFORMATION

(*) These fields ARE required

Primary Address

Line 1
123 Spooner St

Line 2
Line 2 (optional)

City/Town
Clinton

Country
United States

State/Province
Maryland

Zip/Postal
20752

Type
Home

[Add Additional Address](#)

Email

Address
John.doe@gmt.com

Type
Personal

Phone

Number
(xxx) xxx-xxxx

Extension
Ext

Type
Mobile

BACK Step 3 of 5 NEXT



Virtual passes

Sponsor's first and Last Name



Sponsor's contact information



Installation visitor is requesting access to.



Duration of Visit (cannot exceed 30 calendar days)



Purpose of Visit



SPONSOR INFORMATION

(*) These fields ARE required

Sponsor Name

First	Last
<input type="text" value="John"/>	<input type="text" value="Doe"/>

Sponsor Contact Information

Email Address	Phone Number	Extension
<input type="text" value="John.Doe@gmail.com"/>	<input type="text" value="(202) 456-7890"/>	<input type="text" value="Ext."/>

Site

<input type="text" value="Joint Base Andrews"/>		<input type="text" value="MD"/>
Service	State	Filter Sites
<input type="text" value="Air Force"/>	<input type="text" value="Maryland"/>	<input type="button" value="Filter results"/>
<input type="text" value="Site"/>		<input type="text" value="State/Province"/>
<input type="text" value="Joint Base Andrews"/>		<input type="text" value="MD"/>
<input type="text" value="Wallops Air National Guard Base"/>		<input type="text" value="MD"/>

Date of Visit

Start Date	End Date
<input type="text" value="09/13/2021"/>	<input type="text" value="09/17/2021"/>

Purpose of Visit

I hereby authorize the ICJG and other authorized Federal agencies to obtain any information required from any Federal government civilian state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

[Read More](#)

BACK
Step 4 of 5
FINISH



Virtual passes

The Visitor will save (Print as PDF) this confirmation page to send to the sponsor.

CONFIRMATION



Thank you, Your information has been submitted successfully.

Please print this page, save as a .PDF and or write down the alpha-numeric code below and bring it with you along with two valid forms of ID.

TY3Y3F



This QR code will expire 12-Oct-2021

PRINT

START NEW PRE-ENROLLMENT



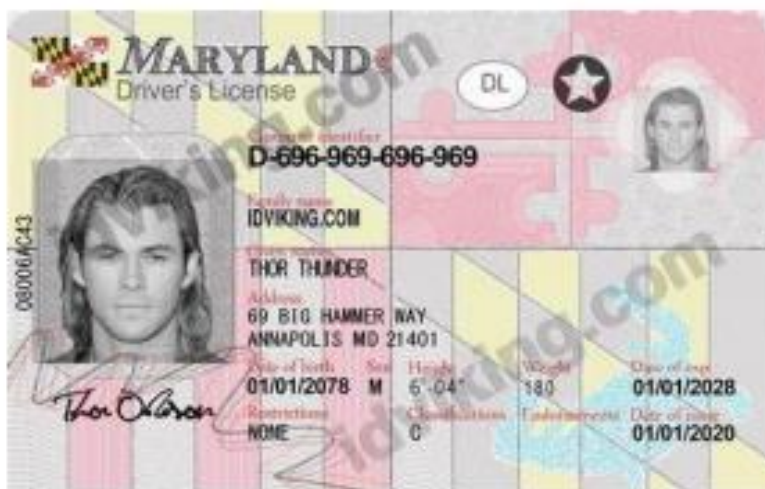
STEP 2

Visitor scans both the front and back of their valid photo ID



Virtual passes

The Visitor will
Scan both the
front and back
of their valid
photo ID and
email to their
sponsor





Virtual passes

STEP 3

Visitor provides a clear, visible, Passport Style Photo



Virtual passes

The Visitor will
Provide a clear,
visible, Passport
Style Photo of
themselves and
email to their
Sponsor.





Virtual passes

STEP 4

Sponsor Completes the AEDC 860 Form.

(Application for Installation Access Control)



STEP 4

- The AEDC 860 form can be found on the AEDC SharePoint site under Publications and Forms.

[AEDC/Arnold AFB Pubs and Forms](#)

- The AEDC 860 form will be emailed to the VCC org Box with all other forms.



Request Form Example

APPLICATION FOR INSTALLATION ACCESS CONTROL											
AUTHORITY: 10 U.S.C. 113, <i>Secretary of Defense</i> ; 10 U.S.C. 136, <i>Under Secretary of Defense for Personnel and Readiness</i> ; DoDD 1000.25, <i>DoD Personnel Identity Protection (PIP) Program</i> ; DoDI 5200.08, <i>Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB)</i> ; DoD 5200.08-R, <i>Physical Security Program</i> ; and E.O. 9397 (SSN), as amended. PURPOSE: Used to record personal information on an individual requesting unescorted access to the installation to conduct required fitness vetting to include criminal history, wants, and warrants search. ROUTINE USE: Information may be disclosed to local, county, state, and federal law enforcement/investigative authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings. SYSTEM OF RECORDS NOTICES: DMDC 10 DOD, <i>Defense Biometric Identification Data System (DBIDS)</i> , (February 13, 2015, 80 FR 8072) DISCLOSURE: Disclosure is voluntary, however, failure to disclose required information will result in denial of installation access.											
1. TO: Visitor Center and Reports & Analysis			2. FROM: (Organization/Office symbol of local Authorized Sponsor/Official)								
I. APPLICANT INFORMATION. Note: While on this installation, all personnel and the property under their control are subject to inspection. DBIDS cardholders are not authorized to carry any firearms or dangerous weapons on the installation at any time.											
3. NAME (Last, First, MI)			4. DRIVER'S LICENSE/STATE ID NO.			5. STATE OF ISSUE					
6. US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. DUAL CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. COUNTRY		9. SSN / ARN					
10. DOB (yyyymmdd)		11. HEIGHT (inches)		12. WEIGHT		13. HAIR COLOR		14. EYE COLOR		15. SEX <input type="checkbox"/> M <input type="checkbox"/> F	
16. HOME ADDRESS						17. PHONE					
II. PURPOSE OF APPLICATION. Completed by Authorized Sponsor/Requesting Official											
18. CHECK THE BOX THAT APPLIES. <input type="checkbox"/> a. SUBCONTRACTOR <input type="checkbox"/> b. TEST CUSTOMER <input type="checkbox"/> c. DELIVERIES <input type="checkbox"/> d. VA PATIENT/VHC <input type="checkbox"/> e. NEW HIRE <input type="checkbox"/> f. VISITOR <input type="checkbox"/> g. FOREIGN NATIONAL <input type="checkbox"/> h. OTHER: _____											
19. PROXY ACCESS (Group name)			20. DAYS & TIMES ACCESS IS REQUIRED (e.g., 20201201 through 20201231)								
21. COMPANY NAME				22. CONTRACT NO.				23. CONTRACT EXPIRATION			
24. COMPANY ADDRESS											
25. SUBCONTRACT NAME				26. SUBCONTRACTOR COMPANY ADDRESS							
27. REMARKS						POC			BLDG NO.		
<input type="checkbox"/> 28. I CERTIFY THE APPLICANT HAS AN OFFICIAL/AUTHORIZED NEED FOR THE CREDENTIAL REQUESTED AND HAS BEEN BRIEFED ON ITS PROPER USE.											
29. COMPANY REPRESENTATIVE (Type/Print name)			30. COMPANY REPRESENTATIVE TITLE			31. DAY PHONE					
32. DATE (yyyymmdd)		33. COMPANY REPRESENTATIVE SIGNATURE									
III. APPROVAL. Completed by Visitor Center Personnel Only.											
34. NAME			35. TITLE			36. DUTY PHONE			37. COMPLETION DATE		
38. FAVORABLE			39. UNFAVORABLE FBI #			40. MATRIX #					
IV. ISSUANCE. Completed by Visitor Center Personnel Only.											
41. NAME OF ISSUING OFFICIAL				42. SIGNATURE OF ISSUING OFFICIAL							
<input type="checkbox"/> 43. I HEREBY ACKNOWLEDGE RECEIPT OF THE CREDENTIAL INDICATED BY MY SIGNATURE BELOW AND AM FULLY AWARE OF MY RESPONSIBILITIES PERTAINING TO THEIR USE. I WILL PROMPTLY RETURN ALL CREDENTIALS WHEN THEY ARE NOT NEEDED FOR MY ASSIGNED DUTIES OR UPON REQUEST BY PROPER AUTHORITY.											
44. DATE OF ISSUE (yyyymmdd)		45. SIGNATURE OF CARD RECIPIENT									

APPLICATION FOR INSTALLATION ACCESS CONTROL	
INSTRUCTIONS -- Follow these instructions carefully; improperly completed or incomplete applications will not be processed. It is not necessary that applications be typed; however, illegible applications will not be processed. Care should be taken with applications while in transit: crumpled, wrinkled, curled, torn or otherwise damaged applications will not be processed. Security Managers/Authorized requesting officials only should submit AEDC Form 860 to the Visitor Center. RED INK is not acceptable.	
1. TO: Address to: Visitor Center and Reports and Analysis.	
2. FROM: This box is the organization and office symbol of the requesting official.	
I. APPLICANT'S INFORMATION	
3. NAME: LAST NAME, FIRST NAME, MIDDLE INITIAL (ALL CAPS).	
4. DRIVER'S LICENSE NUMBER OR STATE ID NUMBER	
5. STATE OF ISSUE: Abbreviate the State (Example: California (CA))	
6. U.S. CITIZEN: Y for YES or N for NO. If NO, complete 8. Country & 9. Immigration, and Naturalization Service Number.	
7. DUAL CITIZENSHIP: Yes or No, complete 8. Country.	
8. COUNTRY: Enter country if other than the United States. If dual citizenship, add both countries.	
9. SSN (Social Security Number)/ARN (Alien Registration Number) NUMBER: Provide SSN if US citizen. If the applicant is not a US citizen, the ARN number must be provided. The individual is also required to present proof of being permitted to work in the United States before an ID Card is issued. If proof cannot be presented, issue will be denied.	
10. DATE OF BIRTH: YYYYMMDD (format 20210101).	
11. HEIGHT: In inches.	
12. WEIGHT: In pounds.	
13. HAIR: Spell out color, Black, Brown, Blonde, etc.	
14. EYES: Spell out color, Brown, Blue, Green, etc.	
15. SEX: M for Male or F for Female.	
16. HOME ADDRESS: Use complete address.	
17. PHONE: Include area code.	
COMPLETED BY AUTHORIZED SPONSOR/REQUESTING OFFICIAL	
As the verification official, the requester is responsible for accurate information on applications. Please take the time to verify that all of the information is correct; this is for your own protection. Never give an employee a blank signed form!	
II. PURPOSE	
18. PURPOSE OF APPLICATION: Check the appropriate box that applies to the applicant.	
19. PROXY ACCESS: If proxy access is required, (Security Forces must have approved) this section must be marked.	
20. DATES BASE ACCESS IS REQUIRED. Indicate the dates the individual requires access to the installation (Example: Dec 1, 2021 thru Dec 30, 2022)	
21. COMPANY NAME: Business the person works for.	
22. CONTRACT NUMBER: Contract number	
23. CONTRACT EXP. DATE: Date when the contract expires.	
24. COMPANY ADDRESS: ABC Corp, 123, First Street.	
25. SUBCONTRACT NAME: Name of Subcontracting Company	
26. SUBCONTRACT COMPANY ADDRESS: ABC Corp, 123, First Street.	
COMPLETED BY VISITOR CENTER PERSONNEL	
III. APPROVAL	
To be completed by Visitor Center Personnel.	
34. NAME: Name of Approving official.	
35. TITLE: Title of Approving official.	
36. DUTY PHONE: Phone number for contact.	
37. COMPLETION DATE: Date approval is completed.	
38. FAVORABLE:	
39. UNFAVORABLE FBI #:	
40. MATRIX #:	
IV. ISSUANCE	
41. NAME OF ISSUING OFFICIAL: Name of Issuing Official.	
42. SIGNATURE OF ISSUING OFFICIAL: Signature of issuing official.	
43. APPLICANT'S ACKNOWLEDGEMENT OF RECEIPT/ RESPONSIBILITY: Check box for agreement.	
44. DATE ISSUED: Date the card was issued.	
45. SIGNATURE OF CARD RECIPIENT: Signature of the person receiving approved access (i.e., the applicant).	



Virtual passes

- Sponsor Actions
 - **STEP 1:** Gather the below items for the visitor.
 - Pre-Enrollment Request Confirmation
 - Valid Photo ID
 - Appropriate Photo
 - **STEP 2:** Email the Visitor request form with all other attachments, from a “.mil account, to
AEDC.VisitorPass.Arnold@us.af.mil
- After the Visitor Control Center Processes the request, an email will be sent to the sponsor with the finalized Visitor Pass to be scanned at the Base Access Control point upon arrival, or privileges will be added to the visitor's ID provided, if able. |



Virtual passes

- **CONTACT INFORMATION**

- For any questions or concerns please contact the Visitor Control Center
- Phone: (931) 454-4010
- Email: AEDC.VisitorPass.Arnold@us.af.mil