Attachment C

CJTF-HOA Base Access Request Questionnaire

Instructions for CJTF-HOA Base Access Request

In accordance with USAFRICOM Instruction 3300.17 and CJTF-HOA Instruction 1402.1B, all non-US personnel requesting access to CJTF-HOA facilities will submit this CJTF-HOA questionnaire. The questionnaire must be filled out **ELECTRONICALLY**, printed, and signed by both the sponsor and the person requesting access. The submitting sponsor will then convert the questionnaire to PDF and submit it electronically via email along with scanned copies of requestor identification (ID). The submission will contain at minimum: a copy of ID (National ID or Passports for Local Nationals; Passport for Third Country Nationals) and the scanned/signed questionnaire.

The questionnaire must be typed and filled out in its entirety. Every line must be filled. **Do not leave any blank spaces.** Use 'Not Applicable', 'N/A', or 'None' where applicable. **Incomplete or handwritten Employment Questionnaires will not be accepted. There are no exceptions to this policy.**

General Information:

Date of Application (mm/dd/yyyy): _____

Why are you requesting access to CJTF-HOA facilities? _____

_____

_____

Requested access prior? If so, when?: _____

For what dates are you requesting access (i.e. 1 Jan-30 Jan 2015): _____

Sponsoring Military Organization: _____

Sponsoring Military Member (Name & Rank): _____

Sponsor Contact Information: _____

Personal Information:

Last: _____

First: _____

Middle: _____

Other Names Used (Birth Name, Nickname): _____

Marital Status: _____ (Spouse's Name): _____

Address (Street Number & Name): _____

Apt. Number: _____

City/Village/Province/Region: _____

How long have you lived at this address (Years/Months): _____

Date of Birth (mm/dd/yyyy): _____

Place of Birth: _____

Religion and Sect: _____

Nationality: _____ Ethnicity: _____

Height (Metric/Inch): _____

Weight (Kilo/Pounds): _____

Hair Color: _____ Eye Color: _____

Scars/Marks/Tattoos/Piercings with Locations: _____

_____

Wear Glasses: ☐ Yes or ☐ No

Contact Lens: ☐ Yes or ☐ No

Handed: ☐ Right or ☐ Left

Contact Information:

Djibouti:

Home Phone: _____ Date Obtained (mm/dd/yyyy): _____

Cell Phone: _____ Date Obtained (mm/dd/yyyy): _____

Email Address: _____

Kenya:

Home Phone: _____ Date Obtained (mm/dd/yyyy): _____

Cell Phone: _____ Date Obtained (mm/dd/yyyy): _____

Email Address: _____

Country of Residence:

Home Phone: _____ Date Obtained (mm/dd/yyyy): _____

Cell Phone: _____ Date Obtained (mm/dd/yyyy): _____

Email Address: _____

Other:

Name of Country: _____

Home Phone: _____ Date Obtained (mm/dd/yyyy): _____

Cell Phone: _____ Date Obtained (mm/dd/yyyy): _____

Email Address: _____

Employment Background Information:

Are you employed? ☐ Yes or ☐ No

If yes, please provide the following information:

Company/Organization: _____

Job Title: _____

Job Description: _____

Job Address/Location: _____

Work Phone: _____

Work Cell Phone: _____

Work Email: _____

Date Hired: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Supervisor's Email Address: _____

Passport and ID Information:

National Identification (ID Type & Number): _____

Country of Issuance: _____

Date Issued: _____

Expiration Date: _____

Passport/ID #1: _____

Country of Issuance: _____

Date Issued: _____

Expiration Date: _____

Passport/ID #2: _____

Country of Issuance: _____

Date Issued: _____

Expiration Date: _____

Driver License Number: _____

Country of Issuance: _____

Date Issued: _____

Expiration Date: _____

Other ID Type and Number: _____

Country of Issuance: _____

Date Issued: _____

Expiration Date: _____

Previous Address Info (10 Year History–Insert lines as needed):

#1

Address (Street Number and Name): _____

Apt. Number: _____

City/Village/Province/Region: _____

How long have you lived at this address (Years/Months): _____

Reason for Moving: _____

#2

Address (Street Number and Name): _____

Apt. Number: _____

City/Village/Province/Region: _____

How long have you lived at this address (Years/Months): _____

Reason for Moving: _____

#3

Address (Street Number and Name): _____

Apt. Number: _____

City/Village/Province/Region: _____

How long have you lived at this address (Years/Months): _____

Reason for Moving:

#4

Address (Street Number and Name): _____

Apt. Number: _____

City/Village/Province/Region: _____

How long have you lived at this address (Years/Months): _____

Reason for Moving: _____

Foreign Travel (10 Year History):

Country	Year of Travel	Reason for Travel

Is there any additional information you would like to provide? _____

_____

_____

_____

_____

Sponsor: I attest, under penalty of perjury, that I have assisted in the completion of this form and that the information is true and correct.

Print Name & Title:	Phone Number:
Sponsoring Military Organization:	
Signature:	Date (mm/dd/yyyy):

Requester: I attest, under penalty of perjury, that the information I provided is true and correct. Furthermore, I understand my access to facilities in CJTF-HOA may be denied and/or revoked if false information has been provided.

Print Name & Title:	Phone Number:
Signature:	Date (mm/dd/yyyy):