



PERSON



DEMOGRAPHIC



ADDRESS/CONTACT



SPONSOR



FINISHED

PERSON INFORMATION

 These fields **ARE** required

Person Name

First

Middle

Last

Suffix

Date of Birth

Month

Date

Year

Origin

Country of Birth

Citizenship

Primary Identifier

Type

Value

Secondary Identifier

[x Remove](#)

Type

Value

[+ Add Identifier](#)

Step 1 of 5

[NEXT](#)



PERSON



DEMOGRAPHIC



ADDRESS/CONTACT



SPONSOR



FINISHED

DEMOGRAPHIC INFORMATION

 These fields are **NOT** required but recommended

Description

Gender

Ethnicity

Hair Color

Eye Color

Height

Feet

Inches

Weight

Pounds

Additional

Occupation

BACK

Step 2 of 5

NEXT

Version 5.11.0.6235

Form Approved: OMB 0704-0455
Expires 31 August 2024

[Learn More About DBIDS](#)

[DoD Section 508](#)



PERSON



DEMOGRAPHIC



ADDRESS/CONTACT



SPONSOR



FINISHED

ADDRESS/CONTACT INFORMATION

 These fields ARE required

Primary Address

Line 1

Line 2

City/Town

Country

State/Province

Zip/Postal

Type

 Add Additional Address

Email

Address

Type

Phone

Number

Extension

Type

BACK

Step 3 of 5

NEXT



PERSON



DEMOGRAPHIC



ADDRESS/CONTACT



SPONSOR



FINISHED

SPONSOR INFORMATION

() These fields are required*

Sponsor Name

First

Last

Sponsor Contact Information

Email Address

Phone Number

Extension

Site

Service

State

Filter Sites

Site	State/Province
132d Wing	IA
Air Force Maui Optical And Supercomputing Observatory	HI
Air Force Research Laboratory	NY
Air Force Security Forces Center	TX
Allen C. Thompson Field Air National Guard Base	MS
Alpena Combat Readiness Training Center	MI
Altus Air Force Base	OK
Andersen Air Force Base	GU
Arnold Air Force Base	TN
Atlantic City Air National Guard Base	NJ

[Show All Sites](#)

Date of Visit

Start Date

End Date

Purpose of Visit

- I hereby authorize the DOD and other authorized Federal agencies to obtain any information required from the Federal government and/or 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

SUBMIT



PERSON



DEMOGRAPHIC



ADDRESS/CONTACT



SPONSOR



FINISHED

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.

JK●RJB



This QR code will expire 18-Feb-2023

PRINT

START NEW PRE-ENROLLMENT