		DBIDS REGISTRATION AND REQUEST FOR INSTALLATION PASS								(USAG-J Reg 190-13) See Privacy Act Statement on Reverse Side				
		1. PERSONAL INFORMATION												
	PHOTOGRAPH	NAME (LAST)					NAME (FIRST)					MID	DLE INITIAL	
		HOME ADDRESS								TEL (HOME)				
MLC		NATION	NALITY	SEX	SEX DATE OF BIRTH (yyyymmdd)		COLOR OF EYES		COLOR OF HAIR		HEIGHT	-	WEIGHT	
	IHA													
	НРТ	ORGANIZATION					CONTRACT NUMBER			TEL (DUTY)				
	HOUSE GUEST	-												
	CONTRACTOR	JOB TITLE					PRIME CONTRACTOR				1	F	PCON	
	CONTRACTOR (US)	ONTRACTOR (US)												
	DOMESTIC HELPER	ACCESS HOURS TO BE AUTHORIZED					OTHER PERSONAL ID NO.			PASSPORT NO				
	ENGLISH STUDENT													
	HGC	AREA(S) TO BE AUTHORIZED									GATE NO			
	GOLFER	🗌 z	ZAMA SGD SHA YND APC PIER6						PIER6	GATE 1 GATE 3				
	BOY/GIRL SCOUT	ACTUAL DAY OR DAYS												
RELIGIOUS SERVICE			10N	WED] THU	FRI SAT SUN			GATE 4 GATE 5					
OTH	IERS	DURATION					SIGNATURE							
				_										
					2. VEHIC		RIPTION							
LICE	ENSE PLATE NUMBER					DRIVE	DRIVER'S LICENSE PREFECTURE			DRIVER'S LICENSE NO.				
YEAR MAK		E		MODE	MODEL		TYPE CO		OLOR		SERIAL NUMBER			
PRC	PERTY DAMAGE INSU									EXPIRATION DATE				
				POLICY NO										
JAPANESE COMPULSORY INSURANCE						10				EXPIRATION DATE				
COMPANY NAME POLICY NO.														
						-	e and understand provisions of USAG-J Reg 190-13) SIGNATURE							
SPONSOR (Last, First, Middle Initial)							GIGHATORE							
ORGANIZATION					DOD I	DOD ID NO.			TEL (DUTY)					
TITLE/SPONSOR				GRADE	QUAR	QUARTERS NO.			TEL (HOME)					
				4. F		ARSHAL	OFFICE USE C	ONLY		I				
PASS NO. FILE CHECK					DATE ISSUED			EXPIRATION DATE						
REMARKS														

INSTRUCTIONS FOR AJ FORM 47

BLOCK 1. PERSONAL INFORMATION										
	ORGANIZATION:		If no assigned organization, indicate family member, unemployed, or N/A (not applicable).							
	AREAS TO BE AUTHORIZED:		Indicate USAG-J installation(s) required access to.							
	ACCESS HOURS TO BE	AUTHORIZED:	Generally, will be duty hours.							
	DURATION:		Duration will depend upon category of the individual.							
	ACTUAL DAYS:		Actual day or days of the week Indicate threatcon level,e.g. admin personnel-B; maintenance personnel-C; or security/fire personnel-D.							
	THREATCON CATEGOR	Y:								
	BLOCK 2. VEHICLE DESCRIPTION SELF EXPLANATORY (SEE BELOW)									
	LICENSE PLATE NUMBE	ER:	SAGAMI 300NE 1486							
	DRIVER'S LICENSE NUMBER:		Prefecture plus 12 digit number.							
	MAKE: TOYOTA		MODEL: CROWN	TYPE:	4 DOOR SEDAN					
	PROPERTY DAMAGE IN	SURANCE:	Indicate insurance company and policy number:							
	JAPANESE COMPULSORY INSURANCE: Indicate insurance company and policy number:									
	BLOCK 3. SPONSOR/CPO/UNIT									
	Must be filled out for SOFA status personnel SSN: N/A									
	QUARTER NO.: N/A									
	TEL(HOME): N/A									
	Other information must be filled in by CDR or immediate supervisor									
	TITLE: Sponsor is the person that is bring guest on to the installation.									
	DATA REQUIRED BY THE PRIVACY ACT OF 1974									
	AUTHORITY: 10 U.S.C., Section 3013.									
	PRINCIPAL PURPOSE: To request issuance of an installation pass to a Japanese national, or NON-SOFA member. and employees (MLC and IHA) employed at or regularly performing contractor's work at USARJ installations.									
	ROUTINE USES: To be used by the Organization requesting the issuance of ana installation pass. The Form is reviewed at the registration section to determine if the applicant is eligible to receive such, and is maintained at the Registration Section reflecting the issuance of the requested installation pass.									
	DISCLOSURE: Mandatory, Failure to provide information will result in non-issuance of an installation pass.									