

AAFES Visitor Pass

POST PASS INFORMATION

Last Name: _____

First Name: _____

Social #: _____

Birthdate: _____

Driver's License:

State: _____

Number: _____

Vehicle's Description: _____

Vehicle's State & Tag Number: _____

Company Name/Represents: _____

Date of Visit(s) : _____

Please take note of the following:

- Send in your request within 2 weeks in advance.
- You must have a valid driver's license that is current and not expired or suspended.
- If you do not have a valid driver's license, you must have a valid state picture ID or passport.
- Must have vehicle registration and proof of insurance for the Security Forces Visitor Center when you arrive.

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