# ENTRY AUTHORITY LIST (EAL) INSTRUCTIONS

**EALs must be submitted in accordance with the following timelines:**

* Requests for 50 or less people, must be submitted NLT FIVE (5) business days prior to the event.
* Requests larger than 50 people, must be submitted at NLT TEN (10) business days prior to the event
* EALs will not be less than Three (3) people. For any requests less than 3, the requestee will be directed to the Visitors Control Center (VCC) to obtain a pass for the listed individuals.

\*Any exceptions to the above must be submitted in writing and approved by the 61 SFS/CC.

***PLEASE ADHERE TO THE EAL FORMAT EXAMPLE BELOW WHEN ENTERING INFORMATION***

***ALL NAMES MUST BE LISTED IN ALPHABETICAL ORDER***

***NOTE:*** We cannot accept driver’s license or state IDs that indicate “*FEDERAL LIMITS APPLY*” per REAL ID ACT of 2005. A person in possession of such document must have another form of picture identification such as a US passport. People listed on the EAL MUST be US Citizens.

* Last Name, First Name, Middle Name: *SCOTT, TYLER ROBERT (NOT BOB)*
* Date of Birth: *MONTH/DAY/YEAR (Ex: 06/28/1978)*
* Driver’s License Number and State: All Numbers, Letters and State of Issuance must be included (Ex: X01234567 CA).
* Last 4 of Social Security Number (SSN): Mandatory for All Listed on EAL

All minors, persons under the age of 18, will be listed on the EAL but *DO NOT* require a form of identification.

It is the sponsor's/coordinator’s responsibility to ensure all information listed on the EAL is

correct/accurate to the best of their knowledge.

If an individual’s information is submitted incorrectly or cannot be properly vetted, they will not be allowed access, and the respective name will be listed as ***DENIED*** in the EAL.

The 61 SFS reserves the right to terminate any EAL due to: Non-compliance, increased Force Protections Conditions and/or Health Protection Condition measures. This list is not all inclusive.

**Submit EALs to:**

**ssc.61sfs.s5@spaceforce.mil**

**cc:** **Adam.Bilak@spaceforce.mil**

**Raphael.Simmons.2@spaceforce.mil**

AUTHORIZED SPONSOR**:**

ORGANIZATION:

CONTACT NUMBER:

TITLE OF EVENT:

LOCATION:

START AND END DATE OF EAL:

JUSTIFICATION FOR EAL REQUEST:

ALTERNATE POINT OF CONTACT:

EAL VETTED AND APPROVED BY (*SFS use only*):

## ***LIST NAMES IN ALPHABETICAL ORDER***

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