ENTRY AUTHORITY LIST (EAL) INSTRUCTION PAGE

Submit completed EAL to the Visitor Control Center (VCC) and Pass & ID 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. Please list names in alphabetical orders last names first, first name last before submitting your request.

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

PLEASE ADHERE TO THE EAL EXAMPLE BELOW:

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 this EAL MUST be US Citizens. List names in alphabetical orders.

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: INCLUDE all NUMBERS, LETTERS and the STATE of issuance (Ex: 0001234567 CA).

Last 4 of SSN: REQUIRED FOR ALL LISTED ON EAL

Minors under the age of 18 will NOT REQUIRE a form of identification.

All minors will be included in the EAL.

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 be listed as access **denied**. The respective name will be crossed out in the EAL.

The 61 ABG reserves the right to terminate any and all EALs due to but not limited to: Noncompliance, increased Force Protections Conditions and/or Health Protection Condition measures. Once EAL's are approved no more add on or changes.

Submit EALs to: <u>61SFS.EALS@us.af.mil</u>

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:__

LIST NAMES IN ALPHABETICAL ORDERS

LAST, FIRST, MIDDLE	DATE OF BIRTH	DRIVER'S LICENSE/STATE	Last 4 SSN	RESULTS

LAST, FIRST, MIDDLE	DATE OF BIRTH	DRIVER'S LICENSE/STATE	Last 4 SSN	RESULTS
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