



DBIDS Pre Enrollment

Prepared by:
436 SFS/S5



DBIDS Pre Enrollment

Fill out all required fields

PERSON INFORMATION

These fields ARE required

Person Name

First: Middle: Last: Suffix:

Date of Birth

Month: Date: Year:

Origin

Country of Birth: Citizenship:

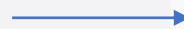
Primary Identifier

Type: Value:

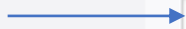
Secondary Identifier × Remove

Type: Value:

Input SSN



Input Driver's License or State ID whichever one you have.





Fill all required

These items 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



Fill out all Sponsors information. The sponsor is the military member or individual who has credentials to access the installation.

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](#)



Fill in the dates you will be visiting and reason.

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



This is the confirmation you will receive once complete. Please bring in this page if you can print or have the confirmation code with you. Along with your Driver's License or State ID.


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.

Z467PQ



This QR code will expire 24-Mar-2023

[PRINT](#)

[START NEW PRE-ENROLLMENT](#)