



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 412TH TEST WING (AFMC)  
EDWARDS AIR FORCE BASE, CALIFORNIA

[XX MMM YYYY]

MEMORANDUM for 412 SFS/S5

FROM: 412 XXXX/CC/CL (letter must be issued by Squadron Commander, Director,  
First Sergeant or Equivalent)

SUBJECT: Visitor Access Approval to Edwards AFB or AF Plant 42

1. I endorse the following visitor(s) access to Edwards Air Force Base:

Sponsor/Unit: \_\_\_\_\_  
Visitors Name(s): \_\_\_\_\_  
Driver's License # and State of Issue: \_\_\_\_\_  
Visitor(s) Date of Birth: \_\_\_\_\_  
Category: Mission Essential, Mission Critical, Operationally Necessary

2. I have briefed the visitor(s) named above and affirm they will comply with Counter-COVID-19 risk management principles, IAW Edwards AFB and AF Plant 42 Counter-COVID-19 Comprehensive Directive, dated 19 May 2021, paragraphs 2, 3, 5, and 7.

JANE T DOE, Lt Col, USAF  
Commander, 412 XXXX Squadron



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 412TH TEST WING (AFMC)  
EDWARDS AIR FORCE BASE, CALIFORNIA**

[XX MMM YYYY]

MEMORANDUM for 412 SFS/S5

FROM: 412 XXXX/XX (letter must be issued by resident's Squadron Commander, Director, Operations Officer, Deputy Director, Senior Enlisted Leader, First Sergeant, or Equivalent)

SUBJECT: Non-Mission Essential Visitor Access Approval to Edwards AFB or AF Plant 42

1. I endorse the following visitor(s) access to Edwards Air Force Base:

Resident Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Visitors Name(s): \_\_\_\_\_

Driver's License # and State of Issue: \_\_\_\_\_

Visitor(s) Date of Birth: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

2. I have briefed the service member named above and affirm they and their visitor(s) will comply with Counter-COVID-19 risk management principles, IAW Edwards AFB and AF Plant 42 Counter-COVID-19 Comprehensive Directive, dated 19 May 2021, paragraphs 2, 3, 5, and 7.

JANE T DOE, Lt Col, USAF  
Duty Title, 412 XXXX Squadron