



Tour Request for Patrick Air Force Base and/or Cape Canaveral Air Station

Please return completed requests as follows:

For tours of Cape Canaveral Air Station return to 45msgdet1@us.af.mil.

For tours of Patrick Air Force Base return to 45swpa@us.af.mil.

INSTRUCTIONS: All tour requests must be submitted NO LATER THAN 60 days prior to all tours.
****REQUESTERS MUST PROVIDE TRANSPORTATION/BUS****
This form supersedes all other forms. Current as of May 2017.

REQUESTOR INFORMATION

Requestor:	Today's date:
Email address:	Phone number:
Address:	
Choose your tour: () Cape Canaveral Air Station (CCAFS) () Patrick Air Force Base (PAFB) () Both	
CCAFS tour details: standard ~3.5 hour, guided tour includes AF Space & Missile Museum; launch complexes; and lighthouse.	
PAFB tour details: basic driving tour of standard AFB facilities. <i>(Aircraft tours are coordinated/conducted through the 920th Rescue Wing at (321) 494-0536/5, or visit www.920rqw.afrc.af.mil.)</i>	
Date of proposed tour:	Requested begin and end time of tour:
Number of visitors and bus(es):	Foreign nationals? () Yes () No
Is there a public address/microphone system on bus? () Yes () No	Is public address/microphone system on bus operational? () Yes () No
Wing sponsor (or N/A):	Wing sponsor requested? () Yes () No
Specific locations requested to visit (if tour):	
Description of group/organization (e.g. ROTC cadets; civic leaders; military reunion group, <i>include website</i>):	
Purpose of visit and/or description of event. Please be specific:	
Name of tour guide (optional):	Have you visited PAFB/CCAFS: If so, when:
If you have a proposed tour itinerary, please attach to this request. 15 days prior to visit , submit full name, date of birth, driver's license/state of issue & social security number of attendees. 30 days prior to visit foreign nationals must submit a Foreign Visitor Request (FVR) form with full name, date of birth, passport number/expiration date & nationality.	
Read & sign: I understand this request does not guarantee a tour and tours are subject to change or cancellation due to mission requirements with little or no notice. Tours are only provided Monday-Friday, 8 a.m. to 4 p.m. Tours are not given on federal holidays or down days. I am responsible for my group and will provide necessary information. I certify that I am 18 years or older. I understand that if complete information is not received, the tour will not be scheduled.	
Signature:	Date:
CCAFS/PAFB PERSONNEL WHO ARE SPONSORING AN EVENT/TOUR, PLEASE COMPLETE BELOW	
Rank/name/title/organization:	Phone number(s):
Additional expectations of MSG, Det 1 (if any):	
Resources requested:	Time used:
<i>Project officer lists resources needed to complete project and coordinates with the committing organization(s) to provide needed resources/support before submitting request to Detachment 1, 45 Mission Support Group for tours/events on CCAFS. Project Officer Disclosure Statement: I have reviewed the scope and commitments defined for my event/visit/tour with my organization's leadership. I agree to the defined scope and can fulfill these commitments as stated.</i>	

*****Requestor stops here*****



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Approval Authority:

Although the 45th Space Wing Commander reserves to be final approval authority for all Events/Tour/Visitors requests; Detachment 1, 45 MSG delegated as the Approving Authority for activities at CCAFS. Units must fill out the CCAFS Event/Tour request form to sponsor all visitors/tours/events. All units are expected to follow appropriate security, foreign disclosure and protocol requirements with your respective counterparts. Except in special circumstances, requests will be processed via email.

Notes:

1. You are expected to follow appropriate security, foreign disclosure and protocol requirements with your respective counterparts.
2. Speaker requests and use of wing assets are coordinated on separate forms.