

Department of Homeland Security
 U.S. Coast Guard
 BDBQNHS-001
 (Rev. 11/19)

GUEST AUTHORIZATION REQUEST
BASE DETACHMENT BORINQUEN HOUSING

Section I Service Member Information: Please print.

Service Member's Name (<i>last, first, MI</i>):	Rank/Rate:
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Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):
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Section II This request is only needed for visits more than 21 consecutive days. A written request must be submitted to the Local Housing Officer. Guest visitation beyond 30 days or exceeding 45 cumulative days requires AHA approval using [AHA Waiver Request Form](#)

GUEST INFORMATION

Name (First, M. I., Last)	Age	Relationship to Resident	Arrival Date	Departure Date

CERTIFICATION: Jointly and individually, we hereby certify that no financial consideration is being paid to the resident or any member of this family by the guest(s) as rental for occupancy of the premises. Additionally, the assigned member is responsible for the conduct of his/her guests.

Guest Signature:	Date:
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Service Member's Signature:	Date:
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Section III: AUTHORIZATION

- Approved - Disapproved	Housing Officer Signature:	Date
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Service Member's Name (*last, first, MI*):

Remarks