

# \ 77#@0h=\ u\ REQUEST FORM

**\*\*TO BE COMPLETED BY GROUP CC/DO/or SEL\*\***

NAME: CC/DO/ or SEL	<input type="text"/>
EMAIL:	<input type="text"/>
PHONE:	<input type="text"/>
MEMBER NAME:	<input type="text"/>
E-MAIL:	<input type="text"/>
PHONE:	<input type="text"/>

**JUSTIFICATION :**

**GENERAL OFFICER**

**GROUP/SQ CC FIRST SGTS/**

**SPECIAL DUTY APPLICATION**

**OFFICIAL PASSPORT**

**AWARD WINNERS**

(Packages leaving SAFB only)

**OTHER**

Must provide justification and PA approval

For full regulation on studio photography please see AFI 35-101, section 7.14.

For any additional questions please contact [82trwpa@us.af.mil](mailto:82trwpa@us.af.mil)

Please submit this request via jotform to <https://form.jotform.com/223485172671055>

**NOTES:**

By signing this form you attest that the information contained in it is truthful and that you have a legitimate mission need for Public Affairs photo services. Anyone found to be in violation will be referred back to their First Sergeant. No-Shows will be reported to their chain of command and placed on a standby list.

MEMBER SIGNATURE

GROUP CC/DO/ or SEL SIGNATURE

FOR OFFICIAL PA USE ONLY

CAO 19 Dec 23