

BASE ASSESS TRAINING

JANUARY 2023



PEARL HARBOR
AVIATION MUSEUM

WHY IS BASE ACCESS REQUIRED?

- **PEARL HARBOR AVIATION MUSEUM IS LOCATED ON FORD ISLAND. FORD ISLAND IS A PART OF JOINT BASE PEARL HARBOR HICKAM (JBPHH) AND IS AN ACTIVE MILITARY BASE.**
- **THERE ARE MILITARY ASSETS LOCATED ON FORD ISLAND AS WELL AS ACTIVE DUTY ENLISTED AND FLAG OFFICER HOUSING.**
- **ALL MILITARY BASES ARE OPERATING WITH TIGHTER SECURITY MEASURES. IDENTIFYING WHO WILL BE ON BASE AND WHY IS A CRUCIAL COMPONENT TO IT'S SECURITY.**

WHO NEEDS TO SUBMIT FOR BASE ACCESS?

➤ **ANYONE OVER THE AGE OF SIXTEEN (16) ATTENDING AN EVENT/PROVIDING SERVICES THAT BEGINS AFTER 5PM AND THOSE ATTENDING A DAYTIME EVENT/PROVIDING SERVICES WANTING TO DRIVE THEIR POV ONTO THE ISLAND**

(IF A PERSON HAS MILITARY ACTIVE DUTY, GUARD OR RETIRED ID CARD THEY NEED NOT APPLY FOR BASE ACCESS. THEY MAY ALSO SPONSOR AS UP TO 5 GUESTS RIDING IN THEIR VEHICLE WITH THEM.)

(IF PERSON HAS A DOD ID CARD THEY NEED NOT APPLY FOR BASE ACCESS. THIS TYPE OF CARD DOES NOT ALLOW FOR SPONSORSHIP, ANYONE ACCOMPANYING THEM MUST FILL OUT FOR GUEST ACCESS.)

➤ **ANY CONTRACTOR/VENDOR WHO IS HIRED TO PROVIDE SERVICES FOR PHAM OR IT'S CLIENTS**

(IF PERSON ALREADY HAS DIBIDS CARD THEY NEED NOT APPLY.)

RAPID GATE CARDS ARE NO LONGER ACCEPTED BY JBPHH

TYPES OF ACCESS

- **UNITED STATES CITIZEN GUEST ACCESS (PRIVATE/CONTRACTED EVENTS) *SHORT TERM**
- **FOREIGN NATIONAL GUEST ACCESS (PRIVATE/CONTRACTED EVENTS) *SHORT TERM**
- **STAFF/VOLUNTEER/CONTRACTOR/VENDOR ACCESS (LONG TERM)**

**INCLUDES ANY AND ALL
PERSONS WITH A UNITED STATES
SOCIAL SECURITY NUMBER THAT
WAS BORN IN THE USA.**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.
APPLICANT MUST PROVIDE SOCIAL SECURITY # AND
STATE DRIVER LICENSE/ID #.

THIRTY (30) BUSINESS DAYS PRIOR TO EVENT DATE

CONTINUED...

CUI (when filled in)		OIR 3703-0001 05010001	
EMPLOYMENT ACTIVITY INFORMATION			
26. EMPLOYER NAME AND ADDRESS (include city/state/zip code)		EMPLOYER PHONE (include Area Code)	
26. SUPERVISOR NAME AND ADDRESS (include city/state/zip code)		SUPERVISOR PHONE (include Area Code)	
27. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable box for WORK DAYS:			
WORK HOURS: 0600-1800 0600-1700 OTHER _____ PRIOR FELONY CONVICTIONS _____		WORK DAYS: S M T W T F S S _____	
28. Have you ever been convicted of a Felony? YES NO _____ Initial _____			
REQUIREMENT TO RETURN LOCAL POPULATION ID CARD			
29. I understand that I am required to return my local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (Initial)			
AUTHORIZATION AND RELEASE AND CERTIFICATION			
30. I hereby authorize the DOD/CON and other authorized Federal agencies to obtain any information required from the Federal government and other state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Science Agency (DSA), the U.S. Department of Homeland Security (DHS).			
I have been notified of DOD right to perform minimal vetting and fitness determination as a condition of access to DOD installation/facilities. I understand that I may request a record identifier, the scope of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.			
I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or of any attempt to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) if any survive. Copies of this authorization that show my signature are as valid as the original release signed by me.			
FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.			
BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.			
I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT.			
DATE _____		SIGNATURE _____	
FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Office has final authority for determination on granting physical access to DOD controlled installation/facilities under further justification.			
BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING AND NCIC CHECK			
31. INFORMATION VERIFIED BY:	32. ENTERED IN CS SYSTEM BY:	33. PASS ISSUE DATE:	34. PASS EXPIRATION DATE:
35. NCIC CHECK PERFORMANCE BY:	36. RESULTS OF NCIC CHECK: NO RECORDS RECORD IDENTIFIER	37. RESULTS OF PASS RECORDS CHECK: NO RECORDS RECORD IDENTIFIER	
RECORD NUMBER: _____		RECORD NUMBER: _____	
Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidelines for DoD Physical Access Control," December 8, 2006. DTM 09-012 requires that DOD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-Federal government and non-DoD-issued card holders (i.e., visitors) who are requesting unescorted access to a DoD installation. This criterion is critical to determine the fitness of a visitor to: 1) not on a terrorist watch list; 2) not on a DoD installation information list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, DOD/OSI Memo, Policy on Offender Tracking and Assignment and Access Restrictions within the Department of the Army, of 7 Oct 06 and OPM/USCIS 1702-3 established the Army policy on sex offenders, regarding Region Commanders (RECCOMs) and Installation Commanding Officers (ICOs) to prohibit sex offender access to DOD facilities and Army-owned, leased or PPV housing. This form describes the authorization and purpose to solicit and share the required information; to identify the applicable Army and sponsor; and authorize the DOD to perform the minimum vetting and fitness determination efforts. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.			

UNITED STATE CITIZEN ACCESS PG2

- USE ONLY BLACK INK, TYPED IF POSSIBLE
- COMPLETELY FILL OUT ALL BLUE HIGHLIGHTED BOXES
- PLEASE BE SURE TO INCLUDED YOUR SSN AND EITHER A DRIVERS LICENSE NUMBER OR PASSPORT NUMBER
- IF YOU WERE BORN OUTSIDE OF THE UNITED STATES YOU MUST PROVIDE EITHER YOUR NATURALIZATION INFORMATION OR YOUR ALIEN REGISTRATION INFORMATION *BE SURE TO INCLUDE THE DATE OF ENTRY AND PORT OF ENTRY (IF THESE FIELDS ARE NOT COMPLETED YOUR APPLICATION WILL BE DENIED)
 - DO NOT FILL OUT ANYTHING IN BOX 27 YOUR SPONSOR WILL TAKE CARE OF THIS AREA
 - BE SURE TO CHECK BOX 28 AND INITIAL
 - INITIAL BOX 29
 - SIGN DOCUMENT (BOX 30)
- ***ALL INITALS AND SIGNATURES MUST BE A REAL SIGNATURE AS THE NAVY DOES NOT ACCEPT DIGITAL SIGNATURES
 - ONCE COMPLETE SCAN AND EMAIL DOCUMENT TO YOUR ASSIGNED MUSEUM POINT OF CONTACT.

***NOTE: THIS PROCESS CAN TAKE UP TO 30 BUSINESS DAYS. ONCE APPROVAL IS GIVEN YOUR MUSEUM POC WILL CONTACT YOU VIA EMAIL WITH INSTRUCTIONS

**INCLUDES ANY AND ALL PERSONS WITH
CITIZENSHIP IN A FOREIGN COUNTRY
WITHOUT A US SOCIAL SECURITY NUMBER
OR THOSE BORN ABROAD REGARDLESS
OF HAVING A SOCIAL SECURITY NUMBER.**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. APPLICANT MUST PROVIDE THEIR PASSPORT # ALONG WITH EITHER THEIR CERTIFICATION/PETITION #, DERIVED PARENT'S CERTIFICATION OR ALIEN REGISTRATION # IF YOU ARE NOW A US CITIZEN BUT BORN ABROAD. MUST ALSO PROVIDE YOUR DATE OF ENTRY INTO THE US AND PORT OF ENTRY.

ONLY PASSPORT NUMBER REQUIRED FOR THOSE WHO ARE FOREIGN NATIONALS SEEKING A SHORT TERM PASS. FOREIGN NATIONALS DO NOT QUALIFY FOR DBIDS PROGRAM.

DEADLINE:

SIXTY (60) BUSINESS DAYS PRIOR TO EVENT DATE

CUI (when filled in)

OMS 073-0061 05/01/2024

DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 115, Secretary of Defense, DOD Directive 1005.26, DOD Personnel Identity Protection (PIPI) Program; DOD Instruction 5200.08, Security of DOD Installations and Resources and DOD Physical Security Review Board (PSRB); DOD 5200.08-01, Physical Security Program; DOD Directive 5203.2, Acquisition of Information Compromising Persons and Organizations and Affiliated with the Department of Defense (Exception to policy review); Defense Type Information (DTI) 08-12, Mobile Policy Initiative for DOD Physical Access Control; DOD 14-08, DOD Identity Management Capability Enterprise Services Application (IMSEAS) Access to PIPI National Crime Information Center (NCIC) Risk; and E.O. 8387 (2000), as amended, 10 U.S.C. 1052-1054, Navy Physical Security and Law Enforcement Program; Marine Corps Order 1601.1, Marine Corps Physical Security Program Manual; SECDEF/MC/13-2 Bridge and Access Control System Records and DODC 18, Identity Management for Global Risk Security and Analysis (IMISA); Military and Defense Group/Group/2019/01/01

PURPOSE: To collect personal data from Department of Defense (DOD), Department of the Navy (DON) or U.S. Marine Corps Installation/Units controlled information, installations, facilities, or areas under which DOD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/registration services for designated populations for purposes of protecting U.S. Controlled Governmental Information security areas of responsibility and information, to issue badges, access not badges, and remove passes upon expiration, to maintain visitor database, collection/information to adjudicate access to facility, and track the exit/entry times of personnel.

ROUTINE USES: To designed collection, Federal agencies, and foreign governments for the purpose of granting Navy/Offsite access to their facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DOD installations, facilities and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. NAME SUFFIX: Jr. Sr. I II III IV
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5. RACE (check one or more)	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	HAIRIAN OR LATINO	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
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6. GENDER (check)	MALE	FEMALE	7. DATE OF BIRTH:	8. CITY OF BIRTH:	9. STATE OF BIRTH:	10. BIRTH COUNTRY:
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11. US CITIZEN (check):	YES	NO	12. DUAL CITIZENSHIP: YES NO CITIZENSHIP IF OTHER THAN US (Country):
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U.S. Citizen Minimum Documentation Required:

By Birth - Social Security No and/or State ID/Drivers Licenses.

Naturalized - Certification Number, Passport Number, Date, Place and Court, United States passport number; Social Security No and/or State ID/Drivers Licenses.

Derived - Parents certification number, Social Security No and/or State ID/Drivers Licenses.

Alien Minimum Documentation Required:

Registration Number, Expiration date, Date of Entry, Port of entry.

13. IDENTITY SOURCE DOCUMENTS PRESENTED:	14. DOCUMENT NUMBER:	15. ISSUED BY STATE/COURT:	16. ISSUED BY COUNTRY:	17. ISSUED:	18. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Passport Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		
	Date of Entry:	Port of Entry:			

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. WEIGHT (pounds):	20. HEIGHT (feet/inch):	21. HAIR COLOR (check one):	22. EYE COLOR (check one):		
		Black Brown White Silver Auburn Bald	Brown Green Gray Blue Hazel		
			Black Gray Violet Unknown		

23. HOME ADDRESS (include city, state, zip code)	HOME PHONE (include Area Code)
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24. BASE SPONSOR'S NAME: Hicks Building 219 Lathrop St Honolulu, HI 96861	SPONSOR PHONE (include Area Code): 808-665-0294
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SECNAV 55131 (MAY 2021)

CUI (when filled in)

Controlled by Govt
UNCLASSIFIED REVIEW
USC 13506
POL: Policy/Process, mtrng: mtrng@navy.mil, 302-435-4281

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CUI (when filled in)

OMB 0725-0091 0501 (02/04)

EMPLOYMENT ACTIVITY INFORMATION

36. EMPLOYER NAME AND ADDRESS (include city/state/zip code)		EMPLOYER PHONE (include Area Code)
36. SUPERVISOR NAME AND ADDRESS (include city/state/zip code)		SUPERVISOR PHONE (include Area Code)

37. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable box for WORK DAYS:

WORK HOURS:	0600-1600	0600-1700	OTHER	WORK DAYS:	SN	M	T	W	Th	F	ST
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PRIOR RELEASE CONVICTIONS

38. Have you ever been convicted of a Felony? YES NO _____ Initial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

39. I understand that I may be required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (Initial)

AUTHORIZATION AND RELEASE AND CERTIFICATION

40. I hereby authorize the DOD/ICOM and other authorized Federal agencies to obtain any information required from the Federal government and other 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).

I have been notified of DOD right to perform minimal vetting and fitness determination as a condition of access to DOD installations/facilities. I understand that I may be required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including news organizations, any component of the U.S. Government or the Individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my performance are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT.

DATE _____ SIGNATURE _____

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DOD controlled installations/facilities under further justification.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING AND NCIC CHECK

31. INFORMATION VERIFIED BY:	32. ENTERED IN CS SYSTEM BY:	33. PASS ISSUE DATE:	34. PASS EXPIRATION DATE:
35. NCIC CHECK PERFORMED BY:	35. RESULTS OF NCIC CHECK: NO RECORDS RECORD IDENTIFIER	37. RESULTS OF LOCAL RECORDS CHECK: NO RECORDS RECORD IDENTIFIER	

Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 08-012, "Police Policy Guidance for DoD Physical Access Control," December 6, 2008, DTM 08-012 requires that DoD installation government representative verify the National Crime Information Center (NCIC) and Terrestrial Streaming Database to verify the claimed identity and to determine the fitness of non-federal government and non-DoD issued card holders (i.e., visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on a DoD installation delinquency list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Site Offender Training and Assessment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and COMUSNET 1725.3 established the Navy's policy on site offenders, requiring Region Commanders (RECORDCOM) and Installation Commanding Officers (ICO) to prohibit sex offender access to DoD facilities and Navy owned, leased or PPV housing. This form documents the authority and purpose to conduct and share the required information, and identifies the approved sponsor and sponsor, and authorizes the ICO to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DoD-controlled installations/facilities.

SECNAV 051231 (MAY 2001)

CUI (when filled in)

Issued by the
SECNAV 051231 (MAY 2001)

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STAFF/VOLUNTEER/VENDOR/CONTRACTOR ACCESS

INCLUDES ANY AND ALL CONTRACTORS/VENDORS

HIRED TO WORK AN EVENT

NOTES:

- IF CLIENT PROVIDES PHAM WITH A LIST OF ALL VENDORS HIRED TO SUPPORT NEEDS OF OPERATION/EVENT. PHAM STAFF WILL CONTACT EACH VENDOR AND WORKOUT THEIR ACCESS DIRECTLY WITH THEM
- EACH PERSON WILL BE REQUIRED TO COMPLETE THE JBPHH SECNAV 5512 DOCUMENT

DEADLINE:

NOTIFICATION TO PHAM – FOURTY FIVE (45) BUSINESS DAYS PRIOR TO EVENT DATE/START OF CONTRACT

VENDOR/CONTRACTOR DEADLINE TO PHAM – THIRTY (30) BUSINESS DAYS PRIOR TO EVENT DATE