# BASE ASSESS TRAINING

**JANUARY 2024** 





## 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)

## UNITED STATE CITIZEN ACCESS PG1

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

#### **MUST HAVE INFORMATION:**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

APPLICANT MUST PROVIDE SOCIAL SECURITY # AND

STATE DRIVER LICENSE/ID #.

#### **DEADLINE:**

THIRTY (30) BUSINESS DAYS PRIOR TO EVENT DATE

PRIVACY ACT STATEMENT:	IHER	ww.	LOCAL P	Or O	EATION ID G	THUND	ASE	ACCE	00 FA	88 M	EGIS	IKAI	1014
AUTHORITY: 10 U.S.C. 113, SHIPE	en of Deb	ux Dun	Condon 1000 T	1.040.0	manuficherity firsts	dies (P.P.)	Progre	is Deb lead	udea toro	ER Serv	with of Pa	ell teatre	tions -
Presources and the Crob Physical Se Organizations not Affiliated with the I Control OTM 14-005, Oxfo Mentity's as amended OPPARATION 1503, 148	ourbyffense Separtmant Lenegement Litters Phys	er Board ( unDerbes Capability stort Eag.	PSRS), DuD 53: in (Biologition to ) ly Britangrise Sen olly and Law Brit	pelpelik, i pelkoyime sloes App browner	Physical Security Progr most, Directive Type M planties (INESA) Acces (Program, Marine Carl	tem creeds to Fet H	ineditive in potter attenuel state he	10300.27, A 0,08-012, II Criste Wast I, Marine Co	ogsetten o deren Palicy mation Card ros Physica	duction of the control of the contro	Bos Coer se for Ost 3 Files; et 2 Program	DENING Pa OPhysics of E.O. 81	LAures IA (88
SCHOOLSCOTTO-2 Bedge and Access SCHOOLSCOT	4 Carther 8)	pateria Pres	oonds and DMDC	18, 1001	Olly Management Engir	te for Secu	rty and	Analysis (a	MESSAL MAN	20000	eteros p	OUT THE SE	•
PURP CREEKS To surery physical a facilities, or areas over which OxiO., 0 data process highlidomation services	ON, or U.S.	pedment of Marine C	of Defense (DeD Cope has securit	L Depetit y respon	ment of the Havy (DOH elbelbes by Identifying o	Contractive	Mentine Co	cops Installe (due! Broug	ellerativits Prille see o	controlle (Siometi	d informe to debelor	ction, inclu	Matters Matters
dete percessing/information concoss issue bedges, replace lost bedges, a sereceral.	for designe nd retrieve (	ded popus pesses up	utions for purpos ion separation; I	es organ mairtai	decting U.S./Codifices nymber statistics, colle	died gover continued	on to as	godinal sec	ordy arrest o	trespond ly; end b	interpretation	d internal internal	ion; to mee of
ROUTINE LIBERS: To designated a	ordendon, f	Federal eq	gendes, and for	dgn game	mments for the purpos	e of greater	gNary	odčidels ess	mes to their	territy.			
DISCLOSURS: Providing registration	internation	nis voluni	lary. Fallure to p	novide re	quested information ma	ey result in	derival o	d assess to	bewits, po	niteges, e	end DoD	installable	16,
Bootties and Buildings.			DENTITY PR	ROOFIN	IG AND APPLICAN	IT INFO	RMATI	ION					
1. LAST NAME:	2.	FIRST	NAME:		3. MIDDLE NA	VE:		****	SUPPIX				
								ut.	Sr.	1			n
S. RACE AMERICA (Check one or man): MITTE	H PCMI ii	MASKA	ASSAM	80	NOT WATRICKS AME	RICAN	HIP	NIFO CORLA	THO	HATTHE H GRICTHE GOMANIE	R PACE	ic	MHITE
6. GENDER (Check MALE	EMALE	7. DX	TE OF BIRTH	E 8.0	TTY OF BIRTH:		9.5	TATE OF	DERTH:	10.	DIRTH	COUNT	RY:
11. US CITIZEN (Check):	YES	NO	12. DUAL C	ITIZEN	SHIP: YES	NO							
TE OF CITED (CHA)	165	no.	CITIZEN	45HIP I	FOTHER THAN U	IS (Coun	tgj:						
By Birth - Social Security No: Naturalized - Certification Nu License. Detried - Parent's certification Allen Millmum Documents Registration Number Doctors	nber, Pet number, ion Requ	tion Nu Social : ared:	mber, Dale, P Security No a	tace an nd/or S			gatn	umber, S	odal Seo.	arthy Nio	and/or	State II	VDrive
Naturalized - Certification Nu- License. Derived - Parent's certification Alten Minimum Documents Registration Number, Expirati 13. IDENTITY SOURCE	nber, Pet number, ion Requ on date, I	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orlvers Lice	16. 1	SSUE	DBY		atty No	_	6. EXP	
Naturalized - Certification Nu- License. Derived - Parent's certification Alien Minimum Documenta Registration Number, Expirati	nber, Pet number, ion Requ on date, i	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orivers Lice	10. [		D BY			_		
Naturalized - Certification Nu- License. Detived - Parent's certification Allem Minimum Documenta Registration Number, Expirati 13. IDENTITY SOURCE DOCUMENTS PRESENTED	number, Peti number, ion Requ on date, I 14.	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orlvers Lice	10. I	SSUE	D BY TRY: States			_		
Naturalized - Certification Nu License. Defined - Parent's certification Allen Minimum Documents Registration Number, Digital 13. IDENTITY SOURCE DOCUMENTS PRESENTED Social Security No.	number, Peti number, ion Requ on date, I 14.	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orlvers Lice	10. I	ssue ount nited !	D BY TRY: States			_		
Nishanshed - Gerillication Nu- License.  Defreed - Parent's certification Allen Minimum Documents Registration Number, Epitali  13. IDENTITY SOURCE DOCUMENTS PRESENTED  Social Security No.  State ID/Orivers License	number, Peti number, ion Requ on date, I 14.	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orlvers Lice	10. I	ssue ount nited !	D BY TRY: States			_		
Nitranshed - Gerilliastion Nu. License. Dathed - Parenth certification Allen Minimum Documents Registration Number, Expirat 13. IDENTITY BOUNGS  Social Security No.  State IDENTITY BUSINESS  Presport No.  Certification Number and	number, Peti number, ion Requ on date, I 14.	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orlvers Lice	10. U	ssue ount nited !	D BY TRY: States States			_		
Nébratiked - Getillation Nichael Loanse. Defred - Parenti certification Allen Minimum Documents Registration Namber, Experie Social Security No.  Social Security No.  Passport No.  Cettilisation Number and Passport No.  Defred - Parenti	number, Peti number, ion Requ on date, I 14.	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an nd/or S entry. 15. ISI	tale ID/Orlvers Lice	10. II	ssue ouen nited :	D BY RY: States States			_		
Nébratiked - Oestitaation Nu- Lorense. Defend - Parez's cettitaation Raise Minimum Documents Registration Nember (Documents Registration Nember (Documents) Social Security Occupied Documents PRESENTED Social Security Occupied Passport No. Cettitaation Number and Petitian Number Cettitaation Number and Cettitaation Number and Cettitaation Number	number, Peti number, ion Requ on date, I 14.	Bion Nu Social I dred: Date of a DOCUM	mber, Dale, P Security No a entry, Port of	tace an ind/or S entry. 15. ISS STA	tale ID/Orlvers Lice	10. II	ssum round nited : nited :	D BY RY: States States	17. ISS		_		
Nébratiked - Oestitaation Nu- Lorense. Defend - Parez's cettitaation Raise Minimum Documents Registration Nember (Documents Registration Nember (Documents) Social Security Occupied Documents PRESENTED Social Security Occupied Passport No. Cettitaation Number and Petitian Number Cettitaation Number and Cettitaation Number and Cettitaation Number	number, Peti number, ion Regun on date, t 14.	tion Nur Seelel : deed: Date of c DOCUMER:	mber, Date, P Security No a entry, Port of	tace an ind/or S entry. 15. ISS STA	tale ID/Others Lice SUED BY NTEXCOURT:	10. II	ssum round nited : nited :	D BY TRY: States States States States	17. ISS		_		
Nébranked - Oestillation No.  Defined - Parezin certification Residen Ministram Documents Registration Number, Copinis No. DENTRY DOUBLED DOCUMENTS PRESENTED DOCUMENTS DOCUMENT	number, Peti number, ion Regun on date, t 14.	tion Nur Seelel : deed: Date of c DOCUMER:	mber, Date, P Security No a entry, Port of	tace an ind/or S entry. 15. ISS STA	tale ID/Others Lice SUED BY NTEXCOURT:	10. II	ssum round nited : nited :	D BY TRY: States States States States	17. ISS		_		
Nébranked - Oestillation No.  Defined - Parezin certification Residen Ministram Documents Registration Number, Copinis No. DENTRY DOUBLED DOCUMENTS PRESENTED DOCUMENTS DOCUMENT	niber, Peti niverber, son Request St. St. NUMBER	Bon Nu Social is dead of the control	mber, Date, P Security No as entiry, Port of MENT	ndior 9 entry. 15. ISS	tale ID/Others Lice SUED BY NTEXCOURT:	10. II	ssue outed s inited s	D BY PRY: States States States States	17. ISI	SUED:	_		
Nébranked - Oestillation No.  Defined - Parezin certification Residen Ministram Documents Registration Number, Copinis No. DENTRY DOUBLED DOCUMENTS PRESENTED DOCUMENTS DOCUMENT	nownber, Peta number, Son Region date, 14. HILLIANS	Bon Nu Social is dead of the control	mber, Date, P Security No a entry, Port of	ndior 9 entry. 15. ISS	But INDIVERSE List BURD BY TEMPORER TEM	10. II	ssue ouen nited !	D BY PRY: States States States States	17. ISS	suep:	_		REG
Nithankied - Oestillaation Nit- Losses.  Defined - Person's confiliation  Defined - Person's confiliation  B. DIDN'THY DOUBLES  B. DIDN'THY DOUBLES  Social Security No.  Size IDDN'Ares Userse  Passport No.  Passport No.  Cestillation Number  Cestillation Number  Alten Registration No.  OTHER APPROVED IDDN'T  15. WEIGHT   20. HEIGHT   plands:  16. WEIGHT   20. HEIGHT   plands:  17. WEIGHT   20. HEIGHT   plands:  18. WEIGHT   20. HEIGHT   plands:	number, Feld number, Feld number, Feld number, Feld number, Feld number, Feld number n	Book Number of the Country of the Co	mber, Date, P. Security No as early, Post of state of sta	tece and or series.  15. ISS STA	But DVD BY SUIT BY TEXNOUNT:	Us U	ssue sinted :	D BY TRY: States States Part of Er	17. ISS	sued:	Dise	6 EXP	uni
Nithursheef - Certification Nu- Losses.  Defined - Parent's certification  Defined - Parent's certification  Base Militimum. Documents  B. Doptimum occurrence  B. Doptimum occurrence  Good Secrety No.  State IDDrivers Userse  Passport No.  Passport No.  Certification Number  Certification Number  Alen Registration No.  OTHER APPROVED IDENTI	number, Feld number, Feld number, Feld number, Feld number, Feld number, Feld number n	Book Number of the Country of the Co	mber, Date, P. Security No as early, Post of state of sta	Documents of the second of the	But DVD BY SUIT BY TEXNOUNT:	Us U	ssue sinted :	D BY TRY: States States Part of Er	17. ISO	sued:	Dise	6 EXP	uni
Nithankied - Oestillaation Nit- Losses.  Defined - Person's confiliation  Defined - Person's confiliation  B. DIDN'THY DOUBLES  B. DIDN'THY DOUBLES  Social Security No.  Size IDDN'Ares Userse  Passport No.  Passport No.  Cestillation Number  Cestillation Number  Alten Registration No.  OTHER APPROVED IDDN'T  15. WEIGHT   20. HEIGHT   plands:  16. WEIGHT   20. HEIGHT   plands:  17. WEIGHT   20. HEIGHT   plands:  18. WEIGHT   20. HEIGHT   plands:	number, Feld number, Feld number, Feld number, Feld number, Feld number, Feld number n	Book Number of the Country of the Co	mber, Date, P. Security No as early, Post of state of sta	Documents of the second of the	But DVD BY SUIT BY TEXNOUNT:	Us U	ssue sinted :	D BY TRY: States States Part of En	17. ISS	supp:	Dise Walst Chide As	Ha Under Code	uel
Nichanikael - Oesilitation Nu- Lorena. Defined - Pareni's certification Registration Number - Registration Num	or o	Social is dead in the control of the	CUMENTS:  CUMENTS:  CUMENTS:  CUMENTS:  COR (Checker  Silver	Documents of the second of the	But DVD BY SUIT BY TEXNOUNT:	Us U	ssue sinted :	D BY TRY: States States States Part of Er	17. ISS 17. ISS ISS ISS ISS ISS ISS ISS ISS ISS ISS	t cost:	Dise Walst Chide As	Ha Under Code	uel

EMPLOYMENT ACTIVITY INFORMATOR 28. SUPERVISOR NAME AND ADDRESS dockuts chromatopis code 27. Charlette profesible has for WORK HOURS has an charlette OTHER has and enter the undit hours, then charlette profesible has the WORK DAVE WORK HOURS: 0606-1909 0609-1709 OTHER WORK DAYS: SN M T W TH F PRIOR FELONY CONVICTIONS YES NO 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 AUTHORIZATION AND RELEASE AND CERTIFICATION have been notified of DON right to perform minimal veiting and fitness determination as a condition of access to DON installation/lacilities. from information, from all facility for demages that may result on account of compliance, or any effected to comply with this authorisation. This is bitling, now and in the future, on my bein, satigns, association, and personal representatively) of any nature. Copies of this authorisation town my depastes are an exist as the original release eigend by me. ALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS EFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY ECLARE LINDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. COMPLETE AND CORRECT FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTY PROOFING and NOIC CHECK. NO RECORDS RECORD IDENTIFIER NO RECORDS RECORD IDENTIFIES RECORD NUMBER: Mice of Under Secretary of Defence Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," distinct who are requesting unescoded access to a DLO installation. The minimum offers to determine the finese of a visitor in: 1) not on a terrorial visitor. It is not on a DLO installation element that and 2 in ord an 10 feet and 10 purpose to collect and share the required information; and identifies the applicantificator and approximate authorizes the DoD to perform the minimum vetting and fitness determination to required to receive access to DOD-controller. Page 2 of 3

CUI (when filled in)

**CONTINUED...** 

### **UNITED STATE CITIZEN ACCESS PG2**

- USE ONLY BLACK INK, TYPED IF POSSIBLE
- COMPLETELY FILL OUT ALL BLUE HIGHLIGHTED BOXES
- PLEASE BE SURE TO INCLUED 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

## FOREIGN NATIONAL GUEST ACCESS

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.

#### **MUST HAVE INFORMATION:**

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

DEPARTMENT OF	THE NAVY LOCAL I	POPULATION ID C	ARD/BASE	ACCE8	8 PA88	REGIR	BTRATION	
PRIVACY ACT STATEMENT:								
AUTHORITY: 10 U.S.C. 113, Secretar Researces and the Oxfo Physical Sec. Organizations not Affacted with the Dr. Carding Office 14-005, Oxfo Secrety, and ex amended, Office 140, 150, 146, 1 SOFFICEARCES 12-2 Bedge and Access 10079194808	perforent of Derbres (Exception b magainst Capability Enterprise S Nam Physical Seauthy and Law E	i pelkoji meenosoj, Directine-Type emices: Application (IMEISA) Acc ofersement Program, Mastre-Co	Memorendum (OT) Hos to PEI National Dis Color P5538.1:	c) de 912, més Crime Informa L Marine Coro	ren Palecy the Bon Center (f s Phoposit Se	CICC) Files; curity Prose	NO Physical Assess and E.O. 8397 (888) No Market	
PLEPCHERTS To senting physical acc Bolifies, or arrest over which CHC. CHC date processing/information services in losses bedges, replace local bedges, and personnel.	N, or U.S. Marine Corps has secu or designeded populations for purp.	ally responsibilities by identifying nees of protecting U.S./Coalifion	or vestying an indi- billed povernment?	vidual Brough retional securi	The use of the transaction re-	medio debil persibility s	lances and exoculated and information; to	
ROUTINE UBERLY: To designated our DBCS.OBURE: Providing registration of							D installations,	
Bolities and Buildings.	IDENTITY P	ROOFING AND APPLICA	NT INFORMAT	ION				
1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NA		4. NAME	SUFFIX:			
				dr.	Sr.	1 📗	II W	
(Check one or muse): METIVE	PENNIN ALASKA ASBAN	BLACK of APRICAN AM	BRICAN HER	WACGRUST	HO GRE	THE HAWAS STHER PAC MORR	NC WHITE	
6. GENDER (Check MALE FO	7. DATE OF BIRT	B. CITY OF BIRTH:	9. 0	TATE OF B	ARTH:	10. BIRTI	H COUNTRY:	
11. US CITIZEN (Check): Y		CITIZENSHIP: YES INSHIP IF OTHER THAN	NO US (Country) :		•			
By Bith - Social Security No ander State IDD have Luces.  Mathematical - California State No Ander State IDD have Luces.  Lucess.  Carrier - Social Security No ander State IDD have Luces.  Lucess.  Alter Minimum Documentation Registed:  Alter Minimum Documentation Registed:  Registerion News - Expirition data. Date of ethy. Part of ethy.								
DOCUMENTS PRESENTED:	14. DOCUMENT	10. 10000ED BT	10. 19900	DBY	17. ISSUE	ID:	18. EXPIRES:	
Social Security No.	NUMBER:	STATE/COURT:	United					
State ID/Orivers Liberuse			United	States				
State ID/Orivers Liberase Passport No.			United	States				
			United	States				
Passport No. — Certification Number and			United					
Passport No.  Certification Number and Petition Number  Derived - Parent's				States				
Passport No.  Certification Number and Petition Number  Derived - Parent's Certification Number:		Date of Brity:	United	States	y:			
Passport No.  Certification Number and Petition Number  Derived - Parset's Certification Number:  Alten Registration No.	Y SOURCE DOCUMENTS:	Date of Entry:	United	States States	y:			
Passport No.  Certification Number and Petition Number  Derived - Parent's Certification Number:  Alien Registration No.	Y SOURCE DOCUMENTS:	Date of Entry:	United	States States	y:			
Passport No.  Cettication Number and Petition Number.  Detrived - Parent's Cettication Number:  Alen Registration No.  OTHER APPROVED IDENTITY			United	States States Port of Entr				
Passport No.  PostStation Number and Petition Number  Derived - Parent's  Certification Number  Alen Registration No.  OTHER ARRIGMED, IDENTITY  18. WEIGHT 20. HEIGHT	21. HAIR COLOR (Checks	uwij:	United United	States States Part of Ents	(Check or			
Passport No. Certification Number and Petition Number and Petition Number and Certification Number Certification Number: Alson Registration No. OTHER ASSECUTED LIGITATION	21. HAIR COLOR (Check-	ING: Gray	United United	States States Part of Ent	(Check or Green	Dive	Hazel	
Passport No. Ceditidate Number and Prittion Number Dishved - Parent's Ceditidation Number Alen Registration No. Others ARRIGANEO, DISHVTT	21. HAIR COLOR (Checke Bland Brown White Silver	uwij:	United United	States States Part of Ents TYPE COLOR Brown Mack	(Check or	Dise	Unknown	
Passport No.  Perilian Number and Prilian Number  Dehved - Parent's Certification Number:  Alson Registration No.  OTHER APPROVED INSTITUTE (Planning)  20. HEIGHT (Planning) 22. HOME ADDRESS physics at	21. HAIR COLOR (Checke Bland Brown White Silver	ING: Gray	United United	States States Part of Ente	Green Green Gray CME PHONI	Dise Visiet (Include A	Unknown tree Code):	
Passport No.  Passport No.  Positional Number and Priston Number  Derived - Parent's Certification Number.  Also Registration No.  OTHER ADDRICATED LIGHTON  18. WEIGHT 20. HEIGHT (Builded:	21. HAIR COLOR (Check Blood Brown White Silver (c. dels; alp code;	ING: Gray	United United	States States Part of Entr	Green Green Gray CME PHONI	Dise Visiet (Include A	Unknown	

		:UI (when fille				OMB 0703-0061 05/31/20			
		MENT ACTIVIT	Y INFORMATON						
25. EMPLOYER NAME AND ACCRESS (INC.	nge oplyggegegib cogel;				EMPLOYE	R PHONE (include Area Cod			
SUPERVISOR NAME AND ADDRESS protude obyekterolp code;					SUPERVISOR PHONE/holius Area Co				
27. Check the applicable box for WORK H	OURS box or check the (	OTHER box and	enter the work hour	s, then check t	he applicab	ie box for WORK DAYS:			
WORK HOURS: 0806-1909 0806				SN	u T	W TH F			
		R FELONY CO							
<ol> <li>Have you ever been convicted of a Felo</li> </ol>		NO							
	REQUIREMENT TO	RETURN LOC	AL POPULATION	D CARD					
29. I understand that I am required to relaterational for any reason@e	am my Local Populatio (is)	n identification	Card to the Base P	ass Office wh	en it expire	s or if my employment is			
	AUTHORIZATION	AND RELEAS	SE AND CERTIFICA	ATION					
30. I hereby authorize the DODIDON at state agencies, including but not limited in Homeland Security (DHS).									
have been notified of DON right to perfo									
understand that I may request a record id be available to me under the law. I also u	erötler; the source of b indensiond that this info	he record and i ornation will be	hat I may obtain re- treated as privilege	ords from the ed and confid	State Lav	Enforcement Office as markon.			
I release any individual, including records supplying information, from all liability for release is binding, now and in the future, that show my signature are so valid as the	damages that may res on my heirs, assigns, a e original release signe	uit on account esociates, and id by me.	of compliance, or an personal represent	ny attempts to lative(s) of an	oomply wi y nature. C	th this authorization. This legies of this authorization			
FALSE STATEMENTS ARE PUNISHABL	E BY LAW AND COUL	LD RESULT IN	FINES AND/OR B	MPRISONME	NT UP TO	FIVE YEARS.			
BEFORE SIGNING THIS FORM, REVIEW	WIT CAREFULLY TO	MAKE SURE Y	OU HAVE ANSWE	RED ALL QU	ESTIONS	FULLY AND CORRECTLY			
DECLARE UNDER PENALTY OF PER	URY THAT THE STAT	EMENTS MAI	DE BY ME ON THIS	FORM ARE	TRUE, CO	MPLETE AND CORRECT			
DATESIGNA	TURE			-					
FINAL DETERMINATION ON YOUR ADD DON controlled installations/facilities und		manding Offic	er has final authority	y for determin	ation on gr	enting physical access to			
BELOW COMPLETED									
31. INFORMATION VERIFIED BY:	2. ENTERED IN C/S	SYSTEM BY:	33. PASS ISSUE	DATE:	34. P	ASS EXPIRATION DATE			
35. NOIC CHECK PERFORMED BY:	36. RESULTS OF	NOIC CHECK	2	37. RESU	LTS OF LO	CAL RECORDS CHECK:			
	NO RECORDS	RECOR	D IDENTIFIER	NO REC	CORDS	RECORD IDENTIFIER			
	RECORD NUMBE	DR:		RECORD	NUMBER:				
Office of Under Secretary of Defence Dis- December 8, 2009, DTM 69-912 requires Ferrorist Screening Database to vet the cl distoral who are requesting unescorted a will be a second of the second of the Additionally, SECNAV Weens, Policy for S	that DoD installation g laimed identity and to d coses to a DoD installa sharment list, and 3) no	overnment reprinted in the fit from The mining the a FBI National and Assignment	recentatives query in tress of non-federal num offeria to deter onal Oriminal Informational and Access Restricts	he National C I government mine the film nation Center dions within	rime Informand non-Disect of a visit (NCIC) fel the Departs	ration Center (NCIC) and oD-lessed card holders (Li for is: 1) not on a terrorist only wants and warrants lis- nest of the Hany, of 7 Oct			

Page 2 of 3

### 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