

NON-NCACS WORK ACCESS REQUEST

"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: Any misuse or unauthorized disclosure may result in both civil and criminal penalties."

For all work related access request.

(1) From: (Last Name, First Middle)	(2) Rate/Rank:	(3) Date of Request:
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MILITARY AFFILIATION OF REQUESTOR	DoD EMPLOYEE AFFILIATION OF REQUESTOR
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(4) Branch	(5) Status	(6) Branch	(7) Status
<input type="checkbox"/> USN <input type="checkbox"/> USARMY <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Midshipman <input type="checkbox"/> Delayed Entry Program	<input type="checkbox"/> USN <input type="checkbox"/> USARMY <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG	Employer: Location:

(8) Military Command (Currently assigned)	
(10) Department:	(11) Work Phone:
(12) Email Address:	
(13) Date(s) / Time(s) of Work:	(14) Location(s) of Work:

(9)

Pass and ID Verification of Identity stamp here.

Requestor Signature

ACCESS DESIRED
Mark all that apply

(15) Type <input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted	(16) Location <input type="checkbox"/> Administration Side <input type="checkbox"/> Operation Side <input type="checkbox"/> Housing
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(17) DETAIL OF WORK TO BE PERFORMED.
Be specific

For official P & D Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Approving Official:
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Non-NCAC's Work Access Request

This access request is to be used for authorizing access to non NCAC's enrolled, contracted civilian personnel for the purpose of performing work on the installation. Completing the form will assist in the proper vetting of personnel.

Note: This form is not an access pass, but a means to assist in the receiving of an access pass. All Non-NCAC's contracted workers will need to report to Pass and ID each day of work in order to receive a one day pass as per NCAC's instruction. Access passes will not be granted for the entire duration of the scope of work.

Detailed Explanation:

Page1: Requesting individual's information.

Block#

- (1): Print full name (Last, First Middle) of the individual placing the request.
- (2): Rank/Rate of the individual placing the request. (If civilian enter pay grade)
- (3): Date of request (not the date of work)
- (4): If active duty, branch of service.
- (5): Status of active duty.
- (6): Civilian branch attached to.
- (7): Civilian employer / location.
- (8): Military command assigned to
- (9): Sponsor may digitally sign the request and email it to Pass and Decal or hand carry to Pass and ID with their CAC card and receive a "Verification of Identity" stamp in this block. Unverified requests will not be approved for access to the installation.
- (10): Military department
- (11): Work Phone Number
- (12): Official military email address.
- (13): Date and times of work to be performed. (ex. 22Jun-25Jun, 0800-1600)
- (14): Location of work to be performed.
- (15): Type of access desired.
- (16): Location on installation where work is being performed.
- (17): Detail description of work.

Page 2: List of guest requiring access.

(Note: Names listed will be vetted utilizing the local barment list, sex offender database, and the regional barment list each time access is requested. Please be complete in filling out the information, as the more detailed the information, the more accurate the screening)

Block#

- (18): Complete name of the individual.
- (19): Complete address of individual
- (20): Individual's date of birth
- (21): Company person is employed by
- (24): Individual's nationality.

If more people are being requested than there are spaces, multiple page 2's may be used.

Once complete, forward to Pass and ID at LEMR_PASS-DECAL@NAVY.MIL
Any questions or concerns, contact (559)998-3386 or/ (559)998-4786

