

Naval Air Station Lemoore
Base Access Request

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

(1) From:(Last Name, First Middle)	(2)Rate/Rank:	(3)Date of Request:
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(4)Military Affiliation of Requestor		(5)DoD Employee Affiliation of Requestor		
Branch	Status	Branch		
<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		

(6)Military Command:(Currently assigned)	
(7)Department:	(8)Work Phone:
(9)Email Address:	
(10)Dates pass is requested for:	(11)Location pass requested for:

Pass and ID Verification
of Identity stamp here.

Requestor Signature

Access Desired	
<i>Mark all that apply</i>	
(13)Type <input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted	(14)Location <input type="checkbox"/> Administration Side <input type="checkbox"/> Operations Side <input type="checkbox"/> Housing

Individual(s) for which Access is Requested
If access is required for more individuals use attached continuation page

(15)Name:	(16)Address:
(17)Home Phone:	(18)Cell Phone:
(19)DOB:	(20)Drivers License Number:

(21)Military Affiliation: No Military Affiliation Government Contractor Other

(22)Reason for Request (*Be Specific*)

<i>For Official P & D Use Only</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Approving Official

Notice: A copy of Registration, Proof of insurance, and Drivers License must be provided at Pass and Decal for vehicle passes to be issued.

Continuation Sheet

Requestor	
(1)From:(Last Name, First Middle)	(2)Rate/Rank:
(3)Date of Request:	
Individual(s) for which Access is Requested <i>If access is required for more individuals use attached continuation page</i>	
(15)Name:	(16)Address:
(17)Home Phone:	(18)Cell Phone:
(19)DOB:	(20)Drivers License Number:
(21)Military Affiliation: <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> Government Contractor <input type="checkbox"/> Other	
(15)Name:	(16)Address:
(17)Home Phone:	(18)Cell Phone:
(19)DOB:	(20)Drivers License Number:
(21)Military Affiliation: <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> Government Contractor <input type="checkbox"/> Other	
(15)Name:	(16)Address:
(17)Home Phone:	(18)Cell Phone:
(19)DOB:	(20)Drivers License Number:
(21)Military Affiliation: <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> Government Contractor <input type="checkbox"/> Other	
(15)Name:	(16)Address:
(17)Home Phone:	(18)Cell Phone:
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(15)Name:	(16)Address:
(17)Home Phone:	(18)Cell Phone:
(19)DOB:	(20)Drivers License Number:
(21)Military Affiliation: <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> Government Contractor <input type="checkbox"/> Other	
<i>For Official P & D Use Only</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Approving Official

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Base Access Request

This Base Access Request is to be used for requesting access by Active Duty, Reserve, Retired, Dependents, and DoD Employees. If this is for a private event in housing and there are more than 10 guests attending that do not normally have base access, you will need to utilize the Special Events Pass Request. If base access is being requested for contractors/vendors that have ongoing business on the installation you must use Non-NCACS Work Access Request. For functions such as homecomings, retirements, change of commands etc. a Special Events Pass Request will be used. Submitting the correct form will assist in the proper vetting of personnel.

A copy of the sponsor's ID must be attached to the request.

Note: This form is not an access pass, but a means to assist in the receiving of an access pass.

Page1:

Block#

- (1) Print full name (Last, First Middle) of the individual placing the request.
- (2) Rate/Rank of the individual placing the request. (If civilian enter pay grade)
- (3) Date of request (not the date of work)
- (4) If Military requestor, Branch of service affiliation and status
- (5) If DoD Employee requestor, Branch of service affiliation
- (6) Command/employer civilian is attached to.
- (7) Department at the command/employer civilian is attached to.
- (8) Work phone number.
- (9) Work email address
- (10) Date(s) pass is requested for
- (11) Actual place access is requested for i.e Oasis, residence (include address)
- (12) 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.
- (13) Type of access desired
- (14) Where on the installation will access be required
- (15) Name of individual you are requesting access for
- (16) Address of individual you are requesting access for
- (17) Home phone number of individual you are requesting access for
- (18) Cell phone number of individual you are requesting access for
- (19) Date of Birth for the individual you are requesting access for (this is used in the vetting process)
- (20) Drivers License Number of individual you are requesting access for (this is used in the vetting process)
- (21) Check the block as to your military affiliation.

If more people are being requested than there are spaces please use continuation sheet.

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

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