



REPLY TO
ATTENTION OF

1750

DEPARTMENT OF THE NAVY
NAVAL BASE KITSAP
120 SOUTH DEWEY STREET, BUILDING 443
BREMERTON, WA 98314-5020

Ser N32
DD MON YY

From: Commanding Officer, Naval Base Kitsap
To: **NAME AND ADDRESS OF REQUESTOR**

Subj: AUTHORIZATION FOR NAVY EXCHANGE and COMMISSARY PURCHASES AND NAVAL HOSPITAL PHARMACY

Ref: (a) NAVBASEKITSAPINST 1750.1 (Series)
(b) BUPERSINST 1750.10 (Series)
(c) Copies of pertinent identifications

1. Per references (a) and (b), and as substantiated by reference (c), you are hereby authorized to act as an "Agent" for **NAME OF SPONSOR** whose signature appears below:

First MI Last

2. You are authorized to purchase items for the individual named above and no others. You are required to provide satisfactory identification whenever presenting this letter to military exchange or commissary facilities, as well as the Naval Hospital Pharmacy. The Officer in Charge of the facility will brief you on the special procedures to be followed when making purchases at the facility.

3. The Commanding Officer reserves the right to withdraw this authorization from anyone who is found to have made purchases for the benefit of another who is not entitled to the privileges.

4. This authority will remain in effect until **MON DD YEAR**. In the event that the sponsor's hardship continues to exist, the sponsor may apply for an extension of this privilege.

5. If the hardship is resolved this authorization will be rendered invalid.

6. Per reference (b), whenever multiple Navy facilities exist in an area, this letter of authorization will be recognized by all Navy exchanges, commissaries and pharmacies.

M. T. MCMAHON
BY DIRECTION

Telephone number: **(360) 555-1212** AGENT; **(360) 555-1212** SPONSOR

CC: Navy Exchange, Bangor
Navy Exchange, Bremerton
DECA Commissary, Bangor
DECA Commissary, Bremerton
NAVHOSP Bremerton