

# NAS Lemoore

## Access Request Renewals

This form is to be used for updating/renewing Installation access for non-affiliated personnel who have submitted SECNAV Form 5512/1 in the previous 12 months for the purpose of contract support, weddings, retirement ceremonies, command Functions, college classes, change of command, or any other contract/work related access requests. Requests are required to be sent two weeks in advance.

### Note:

**Military members, Dependents, or any other person who is already in possession of a valid DoD/Military ID do not need to be placed on the list, as they are already authorized for access**

Detailed Explanation:

Block#

- (1) Print full name (Last, First Middle) of the sponsor submitting the request.
- (2) Rate/Rank of the sponsor submitting the request. (If civilian enter pay grade)
- (3) Date of request (not the date of work)
- (4) Sponsor Affiliation and status
- (5) Command of Sponsor.
- (6) Department at the command/employer Sponsor is attached to.
- (7) Work phone number.
- (8) Work address
- (9) City and State
- (10) Home phone number / Cell phone number
- (11) Work email address
- (12) Date(s) of Event
- (13) Location(s) of Event:
- (14) Sponsor may digitally sign the request and email it to Pass and ID 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.
- (15) Type of access desired.
- (16) Location(s) of event/work.
- (17) Detailed description of event. Include time event will begin.
- (18) Complete name of the individual(s).  
(Do not use Mr. and Mrs. Smith; use a separate line for each individual in the family. If family members are under the age of 18, write "Child (6yo) Smith", or/ "Child (10yo) Smith", etc.)
- (19) Address
- (20) Drivers Licenses
- (21) Complete SSN of individual
- (22) Individual's date of birth
- (23) Individual's nationality.

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

Contact Pass and ID for email addresses to send completed requests via encrypted email. Contact numbers are (559)998-3386 or/ (559)998-4786. Requests for information can be submitted to [LEMR\\_PASS-DECAL@NAVY.MIL](mailto:LEMR_PASS-DECAL@NAVY.MIL).

All access requests must be sent by one of the 3 methods below.

1. Hand carried to Pass and ID at Building 716.
2. Encrypted email per guidance from Pass and ID.
3. Fax to 559-998-3221, when sending a fax, utilize a Privacy Act Data Cover Sheet (DD FORM 2923) and verify receipt by the correct addressee.

**(Note: Names listed will be vetted per NASLEM 5530.14B Navy Commercial Access Control System (NCACS) Implementation and Base Access Procedures, CNICINST 5530.14 and Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control, 30 Sep 10. Please completely fill out the information, incomplete requests will be returned possibly delaying approval.)**

# Naval Air Station Lemoore

# ACCESS REQUEST RENEWALS

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

*For all access updates.*

(1) Sponsor: (Last Name, First Middle)	(2) Rate/Rank:	(3) Date of Request:
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### (4) Affiliation of Sponsor

Branch	Status
<input type="checkbox"/> USN <input type="checkbox"/> DoD Civilian <input type="checkbox"/> US ARMY <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG	<input type="checkbox"/> Active (Mil/Civ) <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Military <input type="checkbox"/> Retired Civilian <input type="checkbox"/> Midshipman <input type="checkbox"/> Delayed Entry Program

(5) Command (Currently assigned)	
(6) Department/Division:	(7) Primary Phone:
(8) Work Address:	
(9) City & State	(10) Alternate Phone
(11) Email Address:	
(12) Date/Length of Event:	(13) Location(s) of Event:

(14)

Pass and ID Verification  
of Identity stamp here.

Requestor Signature

### ACCESS DESIRED

*Mark all that apply*

<b>(15) Type</b> <input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted	<b>(16) Location</b> <input type="checkbox"/> Administration Side <input type="checkbox"/> Operation Side <input type="checkbox"/> Housing
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### (17) REASON FOR REQUEST, (INCLUDE TIME EVENT/WORK WILL BEGIN AND END.)

*Be specific*

*For official P & D Use Only*

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>	Print Name of Approving Official:	Signature of Approving Official:
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**Notice: Current Registration, Proof of insurance, and Drivers License must be provided upon request.**

