



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

SPECIAL CONSIDERATION: HOME SERVICE PROVIDER CHECKLIST

SPONSOR MUST COMPLETELY FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN

ITEM NUMBER	ITEM	INITIALS
#1	JB2 Form 0180 (Dated 01 May 2020)	
#1A	From Block (Physician/Provider's name and Address)	
#1B	Duration of Request	
#1C	Days/Hours Required	
#1D	Location (Which Area of Base e.g. Main Base, NCTAMS, Makalapa)	
#1E	Provider's Information	
#1F	Requestor Name/Signature (Digital or Wet)/Date/Phone/Email (Same as visitor or company POC)	
#1G	Sponsor Name/Signature (Digital or Wet)/Date/Phone/Email (Must be same as Sponsor listed on SECNAV Form 5512)	
#1H	Command Name/Signature (Digital or Wet)/Date/Phone/Email Required for ALL applications over 30 days	
#2	Letter of Justification * If applicable* Physician's or Provider's Justification Letter: (if applicable) - Must be on medical facility/provider's employer's official letterhead - Must have physician's wet signature - Medical license number is recommended but not required	
#3	Copy of Service Provider's Driver's License (Front/Back scanned copy only; printed pictures/unreadable copies are invalid)	
#4	Copy of Sponsor's CAC/Military ID	
#5	Copy of Dependent's ID/Child's ID card or Birth Certificate (Front/Back scanned copy only; printed pictures/unreadable copies are invalid)	
#6	SECNAV 5512 (Dated Apr 2014)	
<p>NOTE: Home Service Provider are classified as, but not limited to Medical Providers, Tutors, and Personal Instructors who requires long term access to perform their assigned services at a residence located on the installation under jurisdiction control of JBPHH. This DOES NOT include housing area located outside of JBPHH physical fence lines. Additionally, this DOES NOT include delivery or one time services such as cable provider; store delivery service, or special function services. *Pass & ID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.*</p>		

BELOW LISTED INFORMATION IS FOR PASS & ID (PID) USE ONLY

1. REQUEST RECEIVED BY - Rank & Name (Last, First): _____ / Date: _____

2. PID CLERK SYSTEM VERIFICATION	Clerk Initials
National Crime Information Center (NCIC)	
Background & Sex Offender Registry (SOR) Check:	
Barment Check:	
PID Clerk Name (Last, First): _____	Date: _____

3. NCOIC Review:
(Rank/Name) _____ / Date _____ **Recommend: Approved / Disapproved**

4. JB21/Superintendent Review:
(Rank/Name) _____ / Date _____ **Recommend: Approved / Disapproved**

5. JB2 Approval/Disapproval:
(Rank/Name) _____ / Date _____ **Recommend: Approved / Disapproved**

Signature: _____

Comments: _____

Checklist Current as of 01 May 2020 (all others obsolete/invalid)

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