



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

REQUIRED SPECIAL CONSIDERATION CHECKLIST

SPONSOR MUST COMPLETELY FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN

<u>ITEM NUMBER</u>	<u>ITEM</u>	<u>INITIALS</u>
#1	JB2 Form 0180 (Dated 01 May 2020)	
#1A	From Block (Sponsor Name and Address)	
#1B	Location (Which Area of Base e.g. Main Base, NCTAMS, Makalapa)	
#1C	Badge Expiration Date (Expiration date on sponsors ID)	
#1D	Days/Hours (Specify the days and hours needed to gain access)	
#1E	Justification (Reason for access request)	
#1F	Visitor Information	
#1G	Requestor Name/Signature(Digital or Wet)/Date/Phone/Email (Same as visitor or company POC)	
#1H	Sponsor Name/Signature(Digital or Wet)/Date/Phone/Email (Must be same as Sponsor listed on SECNAV Form 5512)	
#1I	Command Name/Signature(Digital or Wet)/Date/Phone #/Email Required for <i>ALL applications over 30 days</i>	
#2	Letter of Justification * If applicable*	
#3	Copy of Sponsor's CAC (Front and Back)	
#4	Copy of Visitor's Driver's License (Front and Back)	
#5	Copy of TDY Orders or Command Endorsed Frequent Deployment Letter (if applicable)	
#6	Copy of Children's ID or Birth certificate (Front and Back) <i>(if applicable)</i>	
#7	Other Documents (i.e. Divorce Decree, Family Care Plan, In Loco Parentis Power Of Attorney, Proof of enrollment in CDC) Physician/Provider Justification Letter: (if applicable) - Physician/Provider letter must be on medical facility/employer official letterhead - Must have physician's wet signature - Medical license number is recommended but not required	
#8	SECNAV Form 5512 (Dated Apr 2014)	

PID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.

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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