



**DEPARTMENT OF DEFENSE  
JOINT BASE PEARL HARBOR-HICKAM, HAWAII**

**SPECIAL CONSIDERATION: HOME SERVICE PROVIDER(6 MONTH MAXIMUM) CHECKLIST**

**NOTE: SPONSOR MUST FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN REQUEST**

<b>ITEM NUMBER</b>	<b>ITEM</b>	<b>INITIALS</b>
#1	<b>JB2 Form 0180</b>	
#1A	<b>From Block</b> (Physician/Provider's name and Address)	
#1B	<b>Duration of Request</b>	
#1C	<b>Days/Hours Required</b>	
#1D	<b>Location</b> (Which Area of Base e.g. Main Base, NCTAMs, Makalapa)	
#1E	<b>Provider's Information</b> (If applicable - Physician's info)	
#1F	<b>Requestor Name/Signature/Date/Phone #/Email</b> (Same as physician/provider listed or sponsor)	
#1G	<b>Sponsor Name/Signature/Date/Phone #/Email</b> (Digital OR Wet Signature)	
#1H	<b>Command Endorsement Name/Signature/Date/Phone #/Email</b> for ALL applications over 30 days (Digital OR Wet Signature)	
#2	<b>Letter of Justification</b> *If applicable: Medical Providers Letter must have a doctor's stamp/medical license number.	
#3	<b>Copy of Provider's Driver's License</b> (Front and Back)	
#4	<b>Copy of Sponsor's CAC</b> (Front and Back)	
#5	<b>Copy of Dependent's/Child's ID card or Birth certificate</b> (Front and Back) (If request is for the purpose of child)	
#6	<b>SECNAV Form 5512</b>	

**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 providers, store delivery services, or special function services. **Pass & ID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.**

**STOP BELOW LISTED INFORMATION IS FOR PID USE ONLY STOP**

**Reviewed By:**  
PID Clerk Initials \_\_\_\_\_/Date \_\_\_\_\_

**Barment/SRBW Check:**  
PID Clerk Initials \_\_\_\_\_/Date \_\_\_\_\_

**SOR Check:**  
PID Clerk Initials \_\_\_\_\_/Date \_\_\_\_\_

**NCIC Check:**  
PID Clerk Initials \_\_\_\_\_/Date \_\_\_\_\_

**NCOIC Review:**  
Initials \_\_\_\_\_/Date \_\_\_\_\_      **Recommend: Approved / Disapproved**

**OIC/Superintendant Review:**  
Initials \_\_\_\_\_/Date \_\_\_\_\_      **Recommend: Approved / Disapproved**

**Comments:**