



TRANSPORTATION SERVICES CHECKLIST

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

| <u>ITEM NUMBER</u> | <u>ITEM</u> | <u>INITIALS</u> |
|---------------------------|---|------------------------|
| #1 | JB2 Form 0180 | |
| #1A | From Block (Organizations POC name and Address) | |
| #1B | Duration of Request | |
| #1C | Days/Hours Required | |
| #1D | Location (Area of Base e.g. Main Base, NCTAMs, Makalapa) | |
| #1E | Members Information | |
| #1F | Requestor Name/Signature/Date/Phone #/Email (Same as visitor or company POC) | |
| #1G | Sponsor Name/Signature/Date/Phone #/Email (Digital OR Wet Signature) | |
| #2 | Signature Letter for Sponsor on File with Pass and ID | |
| #3 | SECNAV Form 5512 | |

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 _____ **Approved / Disapproved**

Comments: