



**REQUIRED AGENT SPECIAL CONSIDERATION LETTER CHECKLIST**

***NOTE: SPONSOR MUST COMPLETE CHECKLIST PRIOR TO TURNING IN REQUEST***

<b>ITEM NUMBER</b>	<b>ITEM</b>	<b>INITIALS</b>
#1	<b>Agent Privilege Letter Application</b> (For NEX/Commissary OFF BASE only.) (Does not allow base access or pharmacy access.)	
#1A	<b>Sponsor's Information</b> (Military Member's Information)	
#1B	<b>Sponsor Name/Signature/Date/Phone #/Email</b> (Must be original/wet signature)	
#1C	<b>Agent's Information</b>	
#2	<b>Justification Letter</b> (i.e. Reason for Request)	
#3	<b>Copy of Sponsor's CAC</b> (Front and Back)	
#4	<b>Copy of Agent's Driver's License</b> (Front and Back)	
#5	<b>Copy of Children's ID or Birth certificate</b> (Front and Back) (if applicable)	
#6	<b>Other documents</b> (i.e. Divorce Decree, Family Care Plan or Power Attorney)	
#7	<b>SECNAV Form 5512-1</b>	
<b>NOTE: ADDITIONAL SUPPORTING DOCUMENTS MAY BE REQUIRED DEPENDING ON THE NATURE OF THE REQUEST</b>		

**\*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/Superintendent Review:**

**Initials** \_\_\_\_\_ **/Date** \_\_\_\_\_

**Recommend: Approved / Disapproved**

**CSO Approval:**

**Signature:** \_\_\_\_\_

**Approved / Disapproved**

**Comments:**