



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

REQUIRED MEDICAL AGENT LETTER CHECKLIST

NOTE: SPONSOR MUST COMPLETE CHECKLIST PRIOR TO TURNING IN REQUEST

ITEM NUMBER	ITEM	INITIALS
#1	Agent Privilege Letter Application <i>(For NEX/Commissary OFF BASE only.)</i> <i>(Does not allow base access or pharmacy access.)</i>	
#1A	Sponsors Information (Sponsor Name and Address)	
#1B	Badge Expiration Date (Expiration date on sponsors ID)	
#2	Physician's Justification Letter <i>(on medical facility's official letterhead; physician's medical license number typed in letter/signature block; physician's wet signature)</i> ***Handicap placards or applications cannot substitute as a physician's letter***	
	<u>NOTE:</u> Physician's justification letter MUST state that Agent will SHOP UNACCOMPANIED	
#3	Copy of sponsors MILITARY ID card (Front and Back)	
#4	Copy of Agent's ID card (Front and Back)	
#5	SECNAV Form 5512-1	
NOTE: ADDITIONAL SUPPORTING DOCUMENTS MAY BE REQUIRED DEPENDING ON THE NATURE OF THE 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/Superintendent Review:

Initials _____ **/Date** _____

Recommend: Approved / Disapproved

CSO Approval:

Signature: _____

Approved / Disapproved

Comments: