



**REQUIRED AUTHORIZED ORGANIZATION CHECKLIST**

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

<b><u>ITEM NUMBER</u></b>	<b><u>ITEM</u></b>	<b><u>INITIALS</u></b>
#1	<b>JB2 Form 0180</b>	
#1A	<b>From Block</b> (Organizations POC 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>Members Information</b>	
#1F	<b>Requestor</b> Name/Signature/Date/Phone #/Email (Same as visitor or company POC)	
#1G	<b>Sponsor</b> Name/Signature/Date/Phone #/Email (Digital OR Wet Signature)	
#2	<b>Signature Letter for Sponsor on File with Pass and ID</b>	
#3	<b>SECNAV Form 5512</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/Superintendant Review:**  
**Initials** \_\_\_\_\_ **/Date** \_\_\_\_\_      **Approved / Disapproved**

**Comments:**