



DEPARTMENT OF THE NAVY

NAVAL STATION NEWPORT
680 PEARY STREET
NEWPORT, RHODE ISLAND 02841-1522

IN REPLY REFER TO:

NAVSTANPTINST 1730.3J

N00R

JUN 26 2019

NAVAL STATION NEWPORT INSTRUCTION 1730.3J

From: Commanding Officer, Naval Station Newport

Subj: CHAPEL FACILITY USAGE AND CHAPLAIN SUPPORT FOR OFFICIAL
FUNCTIONS

Ref: (a) DoD 5500.07-R of 17 Nov 2011
(b) SECNAVINST 1730.7E
(c) OPNAVINST 1730.1E
(d) CNICINST 1730.1

Encl: (1) CNIC Chapel Request Form (CNIC 1730/1)
(2) Request for Chaplain Support of an Official Event
(3) DoN Local Population ID card/Base Access Pass Registration (SECNAV 5512/1)

1. Purpose. To issue policy, procedures, and regulations governing the use of Naval Station Newport (NSNPT) Chapel of Hope, and requests for chaplain support for an official event.

2. Cancellation. NAVSTANPTINST 1730.3H.

3. Background. Chapel of Hope supports the requirement for the NSNPT Commanding Officer (CO), to maintain facilities for the Command Religious Program (CRP).

4. Policy. All persons who are authorized to access NSNPT may visit the Chapel of Hope, attend regularly scheduled services, or enter for private meditation. Requests for special use of religious ministries facilities must be submitted in writing using enclosure (1) to the Command Chaplain. Requests for chaplain support of an official event must be submitted in writing using enclosure (2) to the Command Chaplain.

a. Per references (a) through (d), chapel usage policy and guidelines are established to facilitate the delivery of religious ministry programs that support the free exercise of religion for authorized users.

b. Active duty military personnel, reserve military personnel, retired military personnel, and Department of Defense (DoD) personnel and their authorized dependent family members, may reserve chapel spaces to facilitate religious expression and accommodation, to conduct official ceremonies, or to support command approved community groups and events.

c. Other authorized uses of the chapel include command functions (e.g. change of command, reenlistment, or retirement ceremonies, command training, meetings, etc.).

d. Use of a chapel space for an event does not imply the participation of any installation chaplain in the event. Requests for the services of a chaplain, civilian religious ministry professional, or other military or civil official for any special religious or nonreligious ceremony or event shall be made directly with the chaplain, civilian religious ministry professional, or other official concerned. Such arrangements for chaplains or ministry professionals are distinctly separate from chapel usage arrangements.

e. Military chaplains, when requested by eligible personnel, may perform religious ceremonies (weddings, civil unions, baptisms, etc.) in the Chapel of Hope in accordance with the manner and form of their respective religious organizations and the requirements of applicable state laws. Military chaplains may participate in or officiate any private ceremony, whether on or off a military installation, provided that the ceremony is not prohibited by applicable state or local law. Further, a chaplain is not required to participate in or officiate at a ceremony if doing so would be in variance with the tenets of his or her religion or personal beliefs. A military chaplain's participation in a private ceremony does not constitute an endorsement of the ceremony by the DoD. Chaplains must adhere to their particular faith group requirements and, for this reason, may be unable to officiate at certain religious ceremonies.

f. Civilian religious ministry professionals and authorized civil officials may, with the permission of the Command Chaplain, be granted the privilege of performing religious ceremonies the Chapel of Hope if they meet requirements of applicable state laws, are cleared by the Security Department, and are invited by eligible personnel.

g. No fees are charged for use of the Chapel of Hope or for the services of chaplains and enlisted personnel. Navy chaplains and Religious Program Specialists are prohibited from accepting remuneration from DoD and other eligible personnel for their services when performed in the context of their professional duties as part of the DoD. Accepting an invitation to be a guest at a reception or other event will not normally be considered remuneration for services rendered. Chaplains may accept remuneration if they provide their services in the context of non-DoD activities away from the chapel and off the installation. Ethical guidance per reference (d) applies concerning the acceptance of token mementos. Navy legal counsel shall be sought for clarification.

h. Weapons are prohibited inside the Chapel of Hope with the exception of:

(1) Naval Security Forces and on-duty law enforcement.

(2) Memorial ceremonies. A rifle can be used to create the combat cross; however it must not be made ready and the bolt must be removed when inside the chapel.

(3) Weapons used for firing of the volleys must remain outside of the chapel and the requestor must obtain written approval for firing of the volleys from the base commanding officer.

(4) Any Arch of Swords Ceremony will take place outside the Chapel of Hope upon completion of the service. Unsheathing of swords is prohibited inside the Chapel of Hope.

i. If a request to use a chapel is denied by the Command Chaplain, the requester may appeal the decision in writing to the NSNPT CO within five calendar days after receipt of the Command Chaplain's notification of denial.

j. Scheduling Special Events and Services.

(1) Activities in support of the CRP and regularly scheduled worship services will take priority over any other use of the Chapel of Hope. All other requests will be handled on a first-come-first-serve basis and availability of the chapel staff required to support the event.

(2) Requests for use of the Chapel of Hope for all events will be made in writing using enclosure (1). You may call the chapel at (401) 841-2234 to receive guidance with your request. Phone-in only requests will not be accepted.

(3) Request forms must include the signature of the primary eligible participant and include name and contact information of officiants for all special services. Reservations will be considered firm only when an approved reservation request form, signed by the Command Chaplain, is on file in the chapel office, and confirmation is sent via mail or email.

(4) The Chapel of Hope may be reserved up to 6 months in advance of the desired date of an activity. Exceptions are made at the discretion of the Command Chaplain.

(5) Weddings and civil unions are normally scheduled on Saturday. Weddings and civil unions are not scheduled from 15 December through 15 January, during Holy Week, or on Holy Days of Obligation due to the chapel worship schedule. All ceremonies will be approved by the Command Chaplain based upon the CRP schedule and the availability of chapel staff. Exceptions are made at the discretion of the Command Chaplain.

k. Ceremony officiants and legal issues for religious ceremonies at the Chapel of Hope.

(1) Arrangements to engage the services of a clergyperson or civil authority (military chaplain or civilian) are the responsibility of the primary participants and are separate from the arrangements to use the Chapel of Hope.

(2) Visiting Roman Catholic clergy must receive delegation from the Archdiocese for the Military Services, USA before officiating at a wedding.

(3) It is the sole responsibility of the primary participants to complete and file the required religious ceremony applications prior to the event. The chapel staff can advise individuals and provide contact information for the state of Rhode Island marriage

license/civil union applications. The chapel staff does not make arrangements on behalf of the participants, nor keep any records that are the result of the religious ceremony.

1. Requesters are responsible for informing guests, participants, and support personnel of all pertinent regulations.

(1) All persons participating in special ceremonies, including guests, must abide by NSNPT regulations including base entry and the operation of private vehicles on base.

(2) Requesters are responsible for acquiring base access in advance for all guests via the Pass and Identification Office at (401) 841-3126. SPECIAL NOTE: This requires completion of enclosure (3) for each guest – one for rehearsal and a separate form for the ceremony – which must be submitted to the Pass and ID office in accordance to their timeline. These forms must be printed and signed with ink. Individuals who have valid military identification are exempt from this requirement.

(3) Candles and candelabras, if desired, will be furnished by the requesters. Candles may only be displayed in the front of the sanctuary. The chapel staff is the final authority on the placement of flowers and candles. This authority is not extended to the civilian clergy or participants.

(4) Chapel furniture will not be moved without permission of the chapel staff, and moved only by the chapel staff. Pins, tacks, nails, staples, tape, or any other material used as an adhesive or to secure one object to another will not be used to secure flowers or other materials to any chapel furniture, furnishings, or walls.

(5) Requesters are responsible for ensuring that all personal effects and debris (paper, tissue paper, flowers, bulletins, etc.) are removed from the chapel and chapel grounds immediately upon the conclusion of the service.

(6) Smoking and Alcoholic beverages (other than communal wine) are not permitted in the Chapel of Hope or on chapel grounds.

(7) All requests to change a reservation must be submitted to the Command Chaplain.

(8) There are no dressing rooms at the Chapel of Hope. Dressing preparations must be completed prior to arrival at the chapel. Neither chapel staff nor NAVSTA is responsible for the security of valuables.

(9) Arrangements for the services of a professional photographer, videographer, and musicians are the responsibility of the primary participants. The use of cameras (still and video), flash placement, photographers, and videographers will be guided by the officiant. With the exception of lights directly attached to cameras, additional light fixtures or light stands,

including those synchronized by remote control from a camera, are not permitted. With the exception of plugging electrical devices into wall outlets, connecting to the chapel power supply is prohibited, e.g. opening a wall electrical box or connecting to wiring inside a circuit breaker box. Connecting to the chapel sound system is not permitted by anyone other than chapel staff, and in that event the chapel or staff is not responsible or liable for any changes or damage to the device the staff connects to the sound system.

(10) Throwing rice, bird seed, confetti, flower petals, paper flowers or paper flower petals, fabric flowers or fabric flower petals, glitter, or any other material that will result in litter in or around the chapel is prohibited. No food or drink is authorized in the sanctuary. For reasons of trip hazards, safety, and liability, the use of aisle runners is prohibited.

5. Responsibilities.

a. The Command Chaplain is the senior supervisory chaplain assigned to NSNPT and is responsible for:

(1) Supervising the delivery of religious ministry in installation chapel facilities throughout the command.

(2) Ensuring all policies and directives pertaining to religious ministry are adhered to throughout the command.

(3) Reviewing and approving or disapproving all chapel usage and chaplain support requests.

(4) Notifying requesters of the decision to approve or disapprove chapel usage and chaplain support requests within five calendar days of receipt.

(5) Informing requesters of their right to appeal a disapproved request in writing to the NSNPT CO within five days of notification of the decision.

b. Installation/tenant command chaplains are responsible for:

(1) Adhering to all instructions and directives on board NSNPT in reference to chapel utilization.

(2) Ensuring chapel utilization is made available to all eligible persons, listed in section 4.b. of this policy, on a not-to-interfere basis with regularly scheduled activities of the CRP.

(3) Ensuring eligible persons who desire to reserve chapel facility spaces for recurring events, a special event, or a ceremony complete and return enclosure (1) to the Command Chaplain. The Command Chaplain will respond to requests within 5 days of receipt.

6. Action.

a. The Command Chaplain shall notify the requester and sponsor of any conflict in which a previously scheduled event will unavoidably conflict with an unscheduled command requirement (e.g. memorial or funeral service) and offer them the opportunity to reschedule the event or refer them to another facility.

b. Officials performing weddings will comply with all applicable federal and state laws and regulations, and installation regulations and procedures.

c. Chapel facility usage requesters shall:

(1) Submit requests for the services of a chaplain, civilian religious ministry professional, or other military or civil official for any special religious or nonreligious ceremony or event directly to the official concerned. Chaplain support requests are distinctly separate from chapel facility usage arrangements.

(2) Submit an appeal to a disapproved request, if desired, to the NSNPT CO within five calendar days after the receipt of the Command Chaplain's notification of denial.

7. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

8. Review and Effective Date. Per OPNAVINST 5215.17A, the Command Chaplain will review this instruction annually on the anniversary of its affective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 10 years after effective date unless reissued or canceled prior to the 10-year anniversary date, or an extension has been granted.

9. Forms and Information Management Control

a. The Chapel Request Form, CNIC 1730/1 (07-2012), will be used to request usage of the NAVSTA Chapel of Hope.

b. The Department of the Navy local population ID card/base access registration form, SECNAV 5512/1, will be used to request base access for each guest requesting base access. This form can be found at <https://www.cnic.navy.mil/regions/cnrsw/om/BaseAccess.html>.


I. L. JOHNSON

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Releasability and distribution:

This instruction is cleared for public release and is available electronically via Gateway 2.0 site, <https://g2.cnid.navy.mil/Directives/Documents/Forms/RegionInstallation.aspx?FilterField1=Region0&FilterValue1=CNRMA&FilterField2=Installation0&FilterValue2=NAVSTANEWPORTRI>

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COMMANDER, NAVY INSTALLATIONS COMMAND
CHAPEL REQUEST FORM
(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 5013; SECRETARY OF THE NAVY: SECNAVINST 1730.7D RELIGIOUS MINISTRY WITHIN THE DEPARTMENT OF THE NAVY; CNICINST 1730.1 CNIC CHAPEL FACILITY USAGE.

PRINCIPAL PURPOSE: THE REQUESTED INFORMATION WILL BE USED BY CNIC RELIGIOUS MINISTRY TEAM MEMBERS FOR IDENTIFICATION PURPOSES AND TO MANAGE RESERVATIONS FOR RELIGIOUS MINISTRY FACILITIES.

ROUTINE USES: THE COLLECTED INFORMATION WILL BE USED SOLELY BY CNIC RELIGIOUS MINISTRY TEAM MEMBERS TO MONITOR CHAPEL USAGE AND RESERVATION REQUESTS FOR THE RELIGIOUS MINISTRY FACILITIES.

DISCLOSURE:

VOLUNTARY. FURNISHING PERSONAL INFORMATION ON THIS FORM IS TOTALLY VOLUNTARY; HOWEVER, FAILURE TO COMPLY WILL RESULT IN DISAPPROVAL FOR REQUESTS FOR USE OF THE CHAPEL CENTER FACILITIES.

SECTION A - BASIC INFORMATION

1. DATE / TIME OF REQUESTED EVENT:

2. NAME OF REQUESTER: (LAST, FIRST, MIDDLE INITIAL)

3. SPECIFY PORTION(S) OF RELIGIOUS MINISTRY FACILITY REQUESTED: (e.g. SANCTUARY, FELLOWSHIP HALL; EDUCATION SPACES; NURSERY OR OTHER)

4. NAME OF EVENT SPONSOR: (LAST, FIRST, MIDDLE INITIAL)

5. REHEARSAL DATE / TIME:

6. NATURE OF EVENT:

SECTION B - EVENT SPONSOR INFORMATION

7. SPONSOR NAME: (LAST, FIRST, MIDDLE INITIAL)

8. RANK / RATE / GRADE:

9. BRANCH OF SERVICE:

10. MILITARY OR EMPLOYEE STATUS:

11. SPONSOR TELEPHONE NUMBER(S):

12. SPONSOR ADDRESS:

13. SPONSOR EMAIL:

14. SPONSOR RELATIONSHIP:

SECTION C - CLERGY SUPPORT
PRESIDING RELIGIOUS, CIVILIAN, OR MILITARY OFFICIAL SUPPORT

15. PRESIDING OFFICIAL'S NAME AND TITLE:

16. TELEPHONE NUMBER:

17. ADDRESS:

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18. EMAIL ADDRESS: 	19. RELIGIOUS ORGANIZATION/FAITH GROUP/OFFICIAL POSITION:
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SECTION D - OTHER PERTINENT INFORMATION

20. ADDITIONAL INFORMATION:

I, _____ have read and understood NAVSTANPTINST 1730.3J and agree to adhere to this instruction.
Name of Requester

Signature & Date

TO BE COMPLETED BY THE COMMAND CHAPLAIN

COMMAND CHAPLAIN DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> REFERRED TO OTHER RESOURCES	DATE REQUESTER NOTIFIED OF DECISION:
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**Request for Base Chaplain Support
of an Official Function**

Naval Station Newport, Chapel of Hope
1172 Vaughan Street
Newport, RI 02841
(401) 841-2234; Fax (401) 841-4288

Please submit your request as least three weeks in advance.

Today's date:

Event name (e.g. graduation, retirement, change of command, etc.):

Support requested: (e.g. invocation, benediction, etc.):

Invocation (opening prayer)

Benediction (closing prayer)

Other:

Event location (including room number):

Event date:

Event time:

Uniform:

Service Dress Blues

Summer Whites

Full Dress Whites

Khaki

Dress Whites

Type III

Other/comments

Requester's name/grade/rate:

Parent Command:

Contact phone number:

E-mail address:

Remarks (e.g. size of class, length of course, names of family members, command, etc.):

Upon receipt of request, the Chapel Office will reply within three business days.

Enclosure (2)

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DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION					
PRIVACY ACT STATEMENT:					
<p>AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM05512-2.</p> <p>PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.</p> <p>ROUTINE USE(S): To designate contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.</p> <p>DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.</p>					
IDENTITY PROOFING AND APPLICANT INFORMATION					
1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:	
				4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:	9. CITY OF BIRTH:	10. STATE OF BIRTH:	11. BIRTH COUNTRY:
12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country) :			
<p>U.S. Citizen Minimum Documentation Required: By Birth - Social Security No and/or State ID/Drivers License. Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License. Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.</p> <p>Alien Minimum Documentation Required: Registration Number, Expiration date, Date of entry, Port of entry.</p>					
14. IDENTITY SOURCE DOCUMENTS PRESENTED:		15. DOCUMENT NUMBER:	16. ISSUED BY STATE/COURT:	17. ISSUED BY COUNTRY:	18. ISSUED:
<input type="checkbox"/> Social Security No.				United States	
<input type="checkbox"/> State ID/Drivers License				United States	
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:				United States	
<input type="checkbox"/> Alien Registration No.				United States	
			Date of Entry:	Port of Entry:	
OTHER APPROVED IDENTITY SOURCE DOCUMENTS:					
<input type="checkbox"/>					
<input type="checkbox"/>					
20. WEIGHT (Pounds):		21. HEIGHT (Inches):		22. HAIR COLOR (Check one):	
				<input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald	
				23. EYE COLOR (Check one):	
				<input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown	
24. HOME ADDRESS (include city, state, zip code):				HOME PHONE (include Area Code):	
25. BASE SPONSOR'S NAME:				SPONSOR PHONE (include Area Code):	
EMPLOYMENT ACTIVITY INFORMATION					
26. EMPLOYER NAME AND ADDRESS (include city/state/zip code):				EMPLOYER PHONE (include Area Code):	
27. SUPERVISOR NAME AND ADDRESS (include city/state/zip code):				SUPERVISOR PHONE (include Area Code):	

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OMB 0703-0061 Exp. 31 Mar 2017

28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:

WORK HOURS: 0600-1800 0800-1700 OTHER _____ WORK DAYS: SN M T W TH F ST

PRIOR FELONY CONVICTIONS

29. Have you ever been convicted of a Felony? YES NO _____ Initial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (initial)

AUTHORIZATION AND RELEASE AND CERTIFICATION

31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier, the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT

DATE _____ SIGNATURE _____

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER	38. RESULTS OF LOCAL RECORDS CHECK <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER	

Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on a DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.

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Instruction for completing the Local Population Access Registration Form

INSTRUCTIONS: Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

RESTRICTIONS: Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction. Review the Privacy At Statement that is printed at the top of the form

Block 1: Enter the Last Name.	Block 18: Enter the Date that the Identify Source Document was issued.
Block 2: Enter the First Name.	Block 19: Enter the Date that the Identify Source Document will expire.
Block 3: Enter the Middle Name.	Block 20: Enter Weight in pounds.
Block 4: If applicable, check the box for Name Suffix.	Block 21: Enter Height in inches.
Block 5: Check the applicable box for Hispanic or Latino.	Block 22: Check the applicable box for Hair Color.
Block 6: Check the applicable box for Race.	Block 23: Check the applicable box for Eye Color.
Block 7: Check the applicable box for Gender.	Block 24: Enter Home Address including City, State, Zip Code, and Home Telephone Number.
Block 8: Enter Date of Birth.	Block 25: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number.
Block 9: Enter City of Birth.	Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number.
Block 10: Enter State of Birth.	Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number.
Block 11: Enter Country of Birth.	Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days.
Block 12: Check the applicable box for US Citizenship.	Block 28: Check the applicable answer if you have been convicted of Felony and enter initials.
Block 13: If not a US Citizen, enter the name of the Country of Citizenship.	Block 29: Check the applicable box for felony conviction.
Block 14: Two forms of identify source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identify proofing. If the document type is not listed, use the two rows under Other Approved Identify Source Documents to enter the type of document(s) that you will present.	Block 30: Enter initials to accept terms for returning Local Population Identification Card.
Block 15: Enter the Document Number located on the Identify Proofing Source document that was checked in Block 14.	Block 31: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.
Block 16: Enter the State that issued the Identify Source Document.	
Block 17: Enter the County that issued the Identify Source Document.	

LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.

Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identify and Employment Authorization	OR	List B - Documents that Establish Identify	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card. Permanent Resident Card or Alien Registration Receipt Card (Form I-551). Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa. Employment Authorization Document that contains a photograph (Form I-766). For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign Passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM. 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. School ID card with a photograph Voter's registration card. U.S. Military card or draft record. Military dependent's ID card. U.S. Coast Guard Merchant Mariner Card. Native American tribal document. Driver's license issued by a Canadian government authority. <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> School record or report card. Clinic, doctor, or hospital record. Day-care or nursery school record. 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION. VALID FOR WORK ONLY WITH DHS AUTHORIZATION. Certification of Birth Abroad issued by the Department of State (Form FS-545). Certification of Birth issued by the Department of State (Form DS-1360). Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal. Native American tribal document. U.S. Citizen ID Card (Form I-197). Identification Card for Use of Resident Citizen in the United States (Form I-179). Employment authorization document issued by the Department of Homeland Security.

The remainder of the form will be completed by the Base Registrar Person conducting Identify Proofing process and NCIC check.

AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB 0703-0061. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN COMPLETED FORM TO THE ABOVE ADDRESS.
Completed form should be submitted to the Base Registrar.

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FOR OFFICIAL USE ONLY WHEN FILLED - PRIVACY SENSITIVE
Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties.

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