

# NON-NCAC's WORK ACCESS REQUEST

This access request is to be used for authorizing access to non NCAC's enrolled, contracted civilian personnel for the purpose of performing work on the installation. Completing the form will assist in the proper vetting of personnel. Requests are required to be sent two weeks in advance.

Note: This form is not an access pass, but a means to assist in the receiving of an access pass. All Non-NCAC's contracted workers will need to report to Pass and ID each day of work in order to receive a one day pass as per NCAC's instruction. Access passes will not be granted for the entire duration of the scope of work.

Note: This form is not an access pass, but a means to assist in the receiving of an access pass.

## Block#

- (1) Print full name (Last, First Middle) of the individual placing the request.
- (2) Rate/Rank of the individual placing the request. (If civilian enter pay grade)
- (3) Date of request (not the date of work)
- (4) Requestor Affiliation and status
- (5) Command of Requestor.
- (6) Department at the command/employer civilian is attached to.
- (7) Work phone number.
- (8) Work email address
- (9) Date(s) pass is required
- (10) Location of work. Actual place access is requested for performance of contracted work)
- (11) Sponsor may digitally sign the request and email it to Pass and Decal or hand carry to Pass and ID with their CAC card and receive a "Verification of Identity" stamp in this block. Unverified requests will not be approved for access to the installation.
- (12) Type of access desired
- (13) Where on the installation will access be required?
- (14) Reason for Request, (Give full details for work to be performed for justification)
- (15) Name of Visitor: (Last Name, First Middle, Middle Initial)
- (16) Full Address
- (17) Drivers Licenses
- (18) Social Security Number:
- (19) Date of Birth
- (20) Nationality, (Foreign Visitors Require approval from Commanding Officer)

If more people are being requested than there are spaces please use a continuation sheet.

Contact Pass and ID for email addresses to send completed requests via encrypted email. Contact numbers are (559)998-3386 or/ (559)998-4786. Requests for information can be submitted to [LEMR\\_PASS-DECAL@NAVY.MIL](mailto:LEMR_PASS-DECAL@NAVY.MIL).

All access requests must be sent by one of the 3 methods below.

1. Hand carried to Pass and Decal at Building 716.
2. Encrypted email per guidance from Pass and Decal.
3. If encrypted email is not available fax to 559-998-3221, when sending a fax, utilize a Privacy Act Data Cover Sheet (DD FORM 2923) and verify receipt by the correct addressee.

**(Note: Names listed will be vetted per NASLEM 5530.14B Navy Commercial Access Control System (NCACS) Implementation and Base Access Procedures, CNICINST 5530.14 and Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control, 30 Sep 10. Please be completely fill out the information, as the more detailed the information, the more accurate the screening)**

# NON-NCACS WORK ACCESS REQUEST

"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: Any misuse or unauthorized disclosure may result in both civil and criminal penalties."

*For all work related access request.*

(1) From: (Last Name, First Middle)	(2) Rate/Rank:	(3) Date of Request:
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### (4) Affiliation of Requestor

Branch			Status		
<input type="checkbox"/> USN	<input type="checkbox"/> DoD Civilian	<input type="checkbox"/> US ARMY	<input type="checkbox"/> Active (Mil/Civ)	<input type="checkbox"/> Reserve	<input type="checkbox"/> Retired Military
<input type="checkbox"/> USMC	<input type="checkbox"/> USAF	<input type="checkbox"/> USCG	<input type="checkbox"/> Retired Civilian	<input type="checkbox"/> Midshipman	<input type="checkbox"/> Delayed Entry Program

(5) Command (Currently assigned)

11)

Pass and ID Verification of Identity stamp here.

Requestor Signature

(6) Department:	(7) Work Phone:
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(8) Work Email Address:

(9) Date(s) / Time(s) of Work:	(10) Location(s) of Work:
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### ACCESS DESIRED

*Mark all that apply*

(12) Type	(13) Location
<input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted	<input type="checkbox"/> Administration Side <input type="checkbox"/> Operation Side <input type="checkbox"/> Housing

### (14) DETAIL OF WORK TO BE PERFORMED.

*Be specific*

*For official P & D Use Only*

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Approving Official:
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**Notice: Current Registration, Proof of insurance, and Driver's License must be provided upon request.**

