

FOR OFFICIAL USE ONLY

REQUEST FOR FOREIGN DRIVERS
OF COMMERCIAL VEHICLES ABOARD NAS JACKSONVILLE

1. Date Submitted: _____

2. Activity/Command submitting request:

3. Activity Point of Contact knowledgeable of the visit, including telephone number(s):

4. Driver's name: _____

5. Company or organization representing: _____

6. Date and place of birth: _____

7. Citizenship: _____

8. Passport or identification number: _____

9. Date(s) and time(s) of proposed visit:

10. Specific purpose of visit: _____

11. Intended itinerary and route/locations of delivery:

12. Sealed container #: _____

JOHN D. DOE, CDR, USN
SIGNATURE (ACTIVITY CO/OIC)

Copy to: NCIS

APPROVED / DISAPPROVED _____
NAS JAX CO/XO/AO/SECURITY MANAGER /DATE

Privacy Act of 1974, as amended, applies. This form may contain information that must be protected in accordance with 5 U.S.C.s 552a, as implemented within the DOD by 32 C.F.R. Part 310 and DoD 5400,11R and with the Department of the Navy by SECNAVINST 5211.5D.