DEPARTMENT OF THE NAVY
COMMANDING OFFICER
NAVAL BASE SAN DIEGO
3455 SENN ROAD
SAN DIEGO, CALIFORNIA 92136-5084

NAVBASESANDIEGOINST 1750.4D
N05M
AUG 3 1 2010

NAVBASE SAN DIEGO INSTRUCTION 1750.4D

Subj: TEMPORARY DESIGNATION OF AGENT FOR, OR AUTHORITY TO ASSIST/ACCOMPANY AUTHORIZED EXCHANGE/COMMISSARY/PHARMACY AUTHORIZED PATRONS

Ref: (a) BUPERSINST 1750.10C, Para 20.3

Encl: (1) Sample Physician Letter
(2) Request for Agent/Assistant Designation
(3) Denial Letter
(4) NBSD Sample Agent Letter (NEX/Commissary/Pharmacy)
(5) NBSD Sample Assist Letter (NEX/Commissary/Pharmacy)

1. Purpose. To establish a uniform procedure for granting base access to facilitate Navy Exchange (NEX)/commissary/pharmacy privileges to designated agents and/or assistants of authorized patrons, per reference (a).

2. Cancellation. NAVSTASDIEGOINST 1750.4C. This is a complete revision and should be read in its entirety.

3. Scope. Authorized NEX/commissary/pharmacy patrons may request the designation of an individual to make purchases on their behalf or to accompany them when shopping in certain situations. The designation applies only to facilities under the cognizance of the Commanding Officer (CO), Naval Base San Diego (NBSD).

4. Action. Strict compliance with the provisions of this instruction by all personnel, both military and civilian, within the jurisdictional areas of the CO, NBSD, is directed.

5. Policy

a. Per reference (a), authorized NEX/commissary/pharmacy patrons may designate an agent, an individual to make purchases on the authorized patron's behalf, when shopping under the following situations:

(1) The authorized patron is assigned overseas, deployed, or is otherwise unable to shop for their dependent child;

(2) The authorized patron is unable to shop due to disability;

(3) The authorized patron is unable to shop due to sickness; or

(4) The child is in the household of a parent, guardian or individual with an "in loco parentis" special power of attorney, who is a non-authorized patron.

b. Authorized NEX/commissary/pharmacy patrons may designate an assistant, an individual to accompany and assist the patron, when shopping under the following situations:

(1) The authorized patron is unable to shop alone due to disability.

c. A letter from a licensed physician is required if sickness or disability are claimed. A handicapped parking sign is not adequate evidence that a sickness or disability exists. The physician's letter is required to be on official letterhead, typed, and include the attending physician's full contact information. Enclosure (1) is provided as an example.

d. Agent/Assistant designations will be made at the discretion of the CO, NBSD, for periods not to exceed one (1) year. Designations may be extended by CO, NBSD, in instances where hardship continues to exist, on a case-by-case basis.

e. Only authorized patrons are allowed to purchase items at the NEX or commissary. Agents/Assistants, acting as a proxy for the authorized patron, may purchase items for the authorized patron but not for themselves. Any violation of this policy will result in the Agent's/Assistant's bar from NBSD and a permanent loss of their agent/assistant designation.

f. Authorized patrons may only designate one (1) agent/assistant at any given time. If the authorized patron wishes to change their Agent/Assistant before the designation period has expired, they must submit a new application for the new agent/assistant, attaching the former Agent/Assistant's authorization letter (the original, not a copy) to the new application. This prevents the authorized patron from having more than one Agent/Assistant at any time.

6. Procedures. Authorized patrons who require an Agent or Assistant for shopping at the NEX or commissary or pick-up of medication at the pharmacy should take the following action:

a. Complete and sign enclosure (2), attaching all required supporting documentation. Applications may only be submitted by the authorized patron requesting an Agent/Assistant for themselves or a dependant child. Applications from non-authorized patrons will normally not be accepted unless: 1) a note from a physician is provided indicating the authorized patron is physically unable to be present due to disability or illness (the authorized patron is still required to sign the application), or 2) the applicant is a civilian parent of a dependant child, the active duty parent has refused to submit an application on behalf of the child, and extraordinary circumstances exist (i.e., special needs child or battered spouse). The CO has final decision authority as to what constitutes an extraordinary circumstance.

b. Submit requests to the NBSD Pass and Decal Office, located on Harbor Drive north of the NBSD Main Gate, Gate 6. Requests must be submitted in person and cannot be mailed or faxed.

c. Once the request has been received and verified to be complete, a basic background check will be conducted on the nominated Agent/Assistant to ensure they are not barred from entering NBSD. The request will then be forwarded to CO, NBSD for review.

d. Approved Agents/Assistants will be mailed a letter authorizing the Agent/Assistant to shop at the NEX/Commissary and/or pick-up medication from the pharmacy.

e. Incomplete/disapproved requests will be sent a denial letter indicating why the request was denied. Enclosure (3) is provided as an example.

7. Responsibilities

a. The Administrative Officer is responsible for:

(1) The preparation and mailing of correspondence after CO, NBSD has completed review of Agent/Assistant request. Enclosures (4) and (5) pertain.

(2) Maintaining a file of all issued Agent/Assistant letters.

b. The NBSD Force Protection Officer is responsible for:

(1) The training of Pass and Decal personnel on the requirements of this instruction.

(2) Ensuring applications are processed expeditiously.

c. The Pass and Decal Officer is responsible for:

(1) Ensuring all submitted requests are complete and all supporting documentation, as required by the request, is attached.

(2) Ensuring Agent/Assistant nominees are checked within the Consolidated Law Enforcement Operations Center system to ensure they are not barred from base.

(3) Ensuring all requests are timely delivered to CO, NBSD for review.

R. L. WILLIAMSON

Distribution:
www.navbasesandiego.navy.mil/index.htm

SAMPLE PHYSICIAN LETTER

(Letter required to be on Physician's Letter Head with Contact Information)

(Date)

Commanding Officer
3455 Senn Road, Bldg 72
San Diego, CA 92136-5084

Dear Sir or Madam:

I am the attending physician for (Mr./Mrs./Ms. First Name, Middle Initial, Last Name), and I am writing this letter to request authorization for his/her (describe relationship, i.e. brother, aunt, friend, etc.), (Mr./Mrs./Ms. First Name, Middle Initial, Last Name) to be allowed (to shop for him/her) (assist him/her in shopping) at the NEX/commissary/pharmacy on Naval Base San Diego, California.

(Mr./Mrs./Ms. First Name, Middle Initial, Last Name) suffers from (identify medical condition - be specific), which prevents him/her from driving, walking, or standing for lengthy periods of time. The duration of this disability is anticipated to be _____.

If you have any questions, please do not hesitate to contact me at the following address and phone number:

Name of Physician
Name of Hospital, Clinic, etc.
Street Address
City, State, Zip
Phone Number
Email Address

Sincerely,

(Signature)

I'M A. PHYSICIAN

REQUEST FOR AGENT/ASSISTANT DESIGNATION

1. This is a request for (check one):

_____ **Agent Letter** (request someone be allowed to shop for you at the NEX/ commissary/pharmacy)
_____ **Assist Letter** (request someone be allowed to shop with you at the NEX/ Commissary/pharmacy)

2. Authorized Patron Information (attach photocopy of military identification - front and back):

Last Name:_____ First Name:_____ Initial:____

Address:_____ City:_____ State:____ Zip:_____

Home Phone:_____ Social Security Number:_____-_____-_____

Date of Birth:_____ Place of Birth:_____

3. Reason for request (check one):

_____ Authorized patron is assigned overseas, deployed or are otherwise unable to shop for their dependent child (attach proof of unavailability);

_____ Authorized patron is unable to shop due to disability (attach letter from physician);

_____ Authorized patron unable to shop due to sickness (attach letter from physician);

_____ Authorized patron is a child who is in the household of a parent or guardian who is a non-authorized patron (attach copy of child's military identification card and proof of relationship, ie. birth certificate or special power of attorney);

_____ Authorized patron is unable to shop alone due to disability and requires assistance (attach letter from physician); or

_____ Other (please explain): _____

4. Agent/Assistant Information (attach photocopy of driver's license - front and back):

Last Name:_____ First Name:_____ Initial:____

Address:_____ City:_____ State:____ Zip:_____

Home Phone:_____ Social Security Number:_____-_____-_____

Date of Birth:_____ Place of Birth:_____

Have you ever been convicted for any offense(s) other than a traffic violation?
(Note - background checks will be conducted. Applicants not disclosing prior criminal conduct will be automatically disqualified.)

Yes____ No_____ If yes, please explain on a separate sheet.

5. **Authorized Patron Signature.** I hereby certify that the information I have provided is correct and the person I have nominated as my Agent/Assistant is of good character.

Print Name	Signature	Date

6. **Agent/Assistant Signature.** I hereby certify that the information I have provided is correct. I understand as an Agent/Assistant for the above-mentioned authorized patron, I am allowed to purchase items for their use only, not my own. Any abuse of my Agent/Assistant designation will result in my permanent bar from Naval Base San Diego.

Print Name	Signature	Date

****Please attach photocopies of the authorized patrons military ID, agent's/assistant's drivers license, physician letter (if applicable), proof of parenthood/guardianship (if applicable), and proof of unavailability (if applicable).****

Security/CLEOCS Check

A records check on the above-named individual was conducted and reviewed by this office with the following results:

_____ No record _____See attached remarks.

Date	Verifying Official (Name, Grade, Title)	Signature

(Forward request to Approving Official)

Above named authorized patron's request agent/assistant designation is:

Approved / Disapproved.

Date	Executive Officer, Naval Base San Diego

Data Required by the Privacy Act of 1974

AUTHORITY: 10 U.S.C. 3012

PRINCIPLE USE: Used by the Installation to collect information necessary for the grant of a license to carry on personal commercial solicitation on Naval Base, San Diego.
ROUTINE USES: Background checks and information directory
VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Not providing information will result in denial of bagger license.

DENIAL LETTER

1750
N01M

_____
(DATE)

From: Commanding Officer, Naval Base San Diego
To: _____
(NAME) (SSN)

_____
(ADDRESS)

Subj: DENIAL OF REQUEST FOR AGENT/ASSIST LETTER

Ref: (a) BUPERSINST 1750.10C, Para 20.3
(b) NAVBASESANDIEGOINST 1750.4D

1. In accordance with references (a) and (b), your request to have _____ act as an Agent or Assistant on your behalf for the purpose of shopping at the NEX/commissary/pharmacy is denied.

2. Reason for denial:

_____ Application incomplete. Specifically:_____
_____
_____

_____ Missing documentation. Specifically:_____
_____
_____

_____ Designated agent/assistant failed background check.

3. If your request has been denied due to an incomplete application or missing documentation, you are invited to fix the above discrepancies and submit a new application.

_____
Executive Officer
By direction

Copy to:
Admin Officer

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NBSD SAMPLE AGENT LETTER (NEX/COMMISSARY/PHARMACY)

1750
N01M

_____
(DATE)

EXPIRATION DATE: _____

From: Commanding Officer, Naval Base, San Diego
To: _____
(NAME) (SSN)

_____
(ADDRESS)

Subj: AUTHORITY FOR NAVY EXCHANGE (NEX)/DEFENSE COMMISSARY STORE (COMMISSARY)/PHARMACY PURCHASES - AGENT LETTER

Ref: (a) BUPERSINST 1750.10C, Para 20.3
(b) NAVBASESANDIEGOINST 1750.4D

1. In accordance with references (a) and (b), you are authorized to act as "Agent" for:

_____ _____ _____
(NAME) (SSN) (TYPE OF ID)

2. You are authorized to purchase items for individual named above and for no other person. You are required to provide satisfactory identification whenever presenting this letter to the commissary, NEX or pharmacy. The Director of these facilities will brief you on special procedures for making purchases.

3. The Commanding Officer reserves the right to withdraw this designation from anyone who is found to have made purchases for the benefit of another who is not entitled to the privileges.

4. This authorization will remain in effect until the expiration date listed above, unless revoked or suspended. In the event the sponsor's hardship continues to exist, the sponsor may apply for an extension to this privilege.

5. This designation applies only to facilities under the cognizance of the Commanding Officer, Naval Base San Diego.

_____
Executive Officer
By direction

Copy to:
GM, Navy Exchange, Naval Base, San Diego, CA
Store Manager, DECA, Naval Base, San Diego, CA

NBSD SAMPLE ASSIST LETTER (NEX/COMMISSARY/PHARMACY)

1750
N01M

_____
(DATE)

EXPIRATION DATE: _____

From: Commanding Officer, Naval Base, San Diego
To: _____
(NAME) (SSN)

_____
(ADDRESS)

Subj: AUTHORITY TO ASSIST IN MAKING NAVY EXCHANGE (NEX)/DEFENSE COMMISSARY STORE (COMMISSARY)/PHARMACY PURCHASES - ASSIST LETTER

Ref: (a) BUPERSINST 1750.10C, Para 20.3
(b) NAVBASESANDIEGOINST 1750.4D

1. In accordance with references (a) and (b), you are authorized to accompany the individual listed below to shop at the NEX/commissary or visit the pharmacy at Naval Base San Diego:

_____ _____
(NAME) (SSN) (TYPE OF ID)

2. You will be guided by the following:

a. You are not an authorized patron and you may not make any purchases.

b. This letter is only valid when accompanying the authorized patron listed above.

c. This authorization will remain in effect until the expiration date listed above.

d. This authorization is for the agent to drive the sponsor on base only.

3. The Commanding Officer reserves the right to withdraw this designation from anyone who is found to have made purchases or to have secured services that they are not otherwise entitled to.

4. This designation applies only to facilities under the cognizance of the Commanding Officer, Naval Base San Diego.

_____
Executive Officer
By direction

Copy to:
GM, Navy Exchange, Naval Base, San Diego, CA
Store Manager, DECA, Naval Base, San Diego, CA

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