

## Special Event Access Request

### Statement of Agreement (Applicant to Complete)

**I agree to the following terms for the control and use of the Naval Air Weapons Station (NAWS) badge issued to me:**

- \* I understand my approved access only authorizes access to and from the event during the time specified below.
- \* I understand access may be denied during higher security measures without advanced notice and the government will not be responsible for any inconveniences/costs incurred.
- \* I am responsible for the security of the event and those I have requested to attend (listed below) and proof of citizenship may be required.
- \* I will immediately report all concerns to China Lake Police/NAWS Physical Security and I will cooperate with security personnel upon request.
- \* I understand and will ensure all attendees are informed, all vehicles driven aboard NAWS require a copy of current registration and proof of insurance be maintain with the vehicle at all times.
- \* I further understand and will inform all attendees, entrance into NAWS constitutes a consent to search.

#### Requestor's Information:

Special Event Description (i.e. Wedding, Funeral, Grad Night, etc):		Date:	Times:
Location:		Facility Coordinator:	Work Phone:
Name of Applicant (Last, First MI)		Home Phone:	Cell Phone:
Date of Birth:	Place of Birth:	Citizenship/Country (If other than USA):	
Driver's License / Passport #:	State:	Exp:	SS# ( Last 5 #s): <b>XXX - X -</b>
		Applicants Signature	Date:

#### Vehicle Information:

License:	State	Exp:	Insurance Company:	Policy #:	Exp:
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**Facility Coordinator's Authorization/ Date:** \_\_\_\_\_ **NAWS Physical Security Authorization/ Date:** \_\_\_\_\_

#### Attendee(s) Identification:

Name of Applicant (Last, First MI)		Date of Birth:	Age if 16 YOA or Under
Driver's License / Passport #:	State:	Exp:	SS# ( Last 5 #s): <b>XXX - X -</b>
		Citizenship/Country (If other than USA Passport #/Permanent Residency #):	
License:	State	Exp:	Insurance Company:
		Policy #:	Exp:

Name of Applicant (Last, First MI)		Date of Birth:	Age if 16 YOA or Under
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Privacy Act Statement

AUTHORITY: 10 U.S.C.. 5013; 10 U.S.C.. 5041; OPNAVINST 5530.14D, Navy Physical Security; EQ 9397

PRINCIPLE PURPOSE: To maintain all aspects of proper access control; to issue badges, replace lost badges, and retrieve badges upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USES: Information can be furnished to Federal, State, or local agencies, foreign governments, and designated contractors.

DISCLOSURE: Voluntary; however, refusal to furnish requested information can result in inability to verify essential personal information and/or disapproval of requested access application.

**Special Event Access Request - Continuation Page**

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License:	State	Exp:	Insurance Company:
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