RESET

EMAIL TO:

PASS APPLICATION

ISSUE DATE	EXPIRATION DATE	PASS NO.(S)

PRIVACY ACT NOTIFICATION: Under the authority of 5 USC 301, the personal data is solicited for the purpose of processing your application for a pass to get aboard this Naval installation. Your social security number will be used for purposes of individual identification. The information will not be divulged without your written authorization to anyone other than Navy personnel involved with the administration of the application. You are not required to provide this information; however, failure to do so may result in the denial of your pass application.

GENERAL INFORMATION

NAME *(Last)* *(First)* *(Middle)*	RANK/RATE	SEX	RACE	SSN

LOCAL ADDRESS	TELEPHONE NO

PLACE OF BIRTH	DATE OF BIRTH	COLOR OF HAIR _____ EYES _____	HEIGHT	WEIGHT

NATURALIZED CITIZEN	PLACE GRANTED CITIZENSHIP	CERTIFICATE NO

UTILITY PASS

SPONSORED BY	PURPOSE OF ENTRY

SPONSOR'S ADDRESS

COMMERCIAL PASS

EMPLOYER'S NAME	EMPLOYER'S ADDRESS

FOR BUSINESS TRANSACTION WITH *(Activity, Dept.)*	NATURE OF BUSINESS

PRIVATE EMPLOYEE PASS

EMPLOYED BY	EMPLOYER'S QUARTERS	TELEPHONE EXT

DAYS AND HOURS EMPLOYED

CERTIFICATE OF EMPLOYEE

It is requested the pass listed on this form be issued to me. I will return this pass to the Issuing Officer for cancellation when business requiring such pass has been completed or upon my detachment. I will report the loss of the above pass promptly to the Security Officer.

I voluntarily consent to search by Naval authority on said reservation for the duration of time said pass remains in effect, for the seizure of government property and/or material or such property as may be prohibited on said reservation by Naval authority, including any papers and/or letters connected therewith.

SIGNATURE OF APPLICANT

NOTICE TO RESIDENTS OF PUBLIC QTRS.

Your signature certifies that the above person is in your employ on the day(s) and hours indicated. Changes must be reported immediately to this office. Domestic employees are authorized to be aboard this station only on the days and hours indicated. Violations may result in the revocation of this pass. If it is desired to have your domestic help aboard for special occasions this may be accomplished by calling the main gate stating the day and hours employee is to be aboard.

CERTIFICATE OF SPONSOR

I have carefully checked this application and to the best of my knowledge the information contained therein is correct. I recommend that this pass be issued as requested. I hereby assume responsibility for conduct of the applicant while aboard this station. I agree to return said Pass to this office when I no longer desire to be responsible for the conduct of this person aboard this station.

SIGNATURE OF SPONSOR	PAYGRADE/RANK	TITLE OR POSITION	ACTIVITY/DEPT.	PHONE NO.

INVESTIGATOR'S REMARKS	SIGNATURE

SECURITY OFFICER ☐ APPROVED ☐ DISAPPROVED

EXECUTIVE OFFICER *(Restricted Area Pass Only)* ☐ APPROVED ☐ DISAPPROVED

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RIGHT INDEX

NOTICE: TITLE 18 USCA 499 (Act June 25, 1948, c. 645, 62 Stat. 712) MILITARY, NAVAL, OR OFFICIAL PASSES. Whoever falsely makes, forges, counterfeits, alters, or tampers with any naval, military, or official pass or permit, issued by or under the authority of the United States, or with intent to defraud uses or possesses any such pass or permit, or personates or falsely represents himself to be or not to be a person to whom such pass or permit has been duly issued, or willfully allows any other person to have or use any such pass or permit, issued for his use alone, shall be fined not more than $2,000 or imprisoned not more than five years, or both.