



DEPARTMENT OF THE NAVY
OFFICE OF THE COMMANDANT OF MIDSHIPMEN
UNITED STATES NAVAL ACADEMY
101 BUCHANAN ROAD
ANNAPOLIS MARYLAND 21402-5107

COMDTMIDNINST 1531.5S
OPS
MAY 16 2017

COMMANDANT OF MIDSHIPMEN INSTRUCTION 1531.5S

From: Commandant of Midshipmen, U.S. Naval Academy

Subj: PLEBE SPONSOR PROGRAM

Ref: (a) COMDTMIDNINST 5400.6T

Encl: (1) Sample Letter to Prospective Sponsors from the Commandant of Midshipmen
(2) Sample Letter to Individuals Selected to Participate in the Plebe Sponsor Program from the Plebe Sponsor Director
(3) Sponsor Training Acknowledgement
(4) Sponsor Application
(5) Sample SECNAV Form 5512 for background checks on sponsors

1. Purpose. To issue procedures for the United States Naval Academy (USNA) Plebe Sponsor Program.

2. Cancellation. COMDTMIDNINST 1531.5R.

3. Scope and Applicability. All personnel assigned to USNA shall familiarize themselves with the Plebe Sponsor Program regulation listed in reference (a).

4. Background. The Plebe Sponsor Program has been established to provide a "home away from home" and an opportunity for Fourth Class Midshipmen to relax and benefit from an informal relationship with members of the USNA faculty, staff, and local community area families.

5. Responsibilities

a. Plebe Sponsor Program Officer in Charge (OIC). The Operations Officer for the Commandant of Midshipmen is designated as the Plebe Sponsor Program OIC and is assigned the responsibility for the supervision and administration of the program. The Plebe Sponsor Program OIC is the approving authority for sponsor assignment.

b. Plebe Sponsor Program Director. The Plebe Sponsor Program Director will oversee the day-to-day operation of the Plebe Sponsor Program. The Director is responsible for mailings to sponsors, plebe/sponsor matching, sponsor briefs and receptions, and "sponsor assignment" day. The Plebe Sponsor Program Director has the following responsibilities:

(1) Project Officer for updates of this instruction.

MAY 1 6 2017

(2) Liaison with Information Technology Services for Plebe Sponsor Program data requirements, including the Plebe Sponsor Questionnaire (Plebe's submission of information) and the Sponsor Application (Sponsor's submission of information).

(3) Coordinator of publicity/advertisement and liaison with the Public Affairs Office and the Trident staff with regards to the Sponsor Program.

(4) Liaison with the USNA Alumni Association, Naval Academy Business Services, and Naval Academy Club with regards to the Sponsor Program.

(5) Supervisor for gathering information from sponsors, responsible for the printing and annual distribution of passes to allow vehicle access on USNA for new and returning sponsors.

(6) Responsible for Plebe Sponsor Appreciation and Recognition.

(a) Project Officer for Plebe Sponsor Appreciation Weekend. This event allows Plebes to show their appreciation to Sponsors for support given through the academic year. Sponsors receive two shopping passes to the Midshipmen Store, attend a special dinner in King Hall, and receive discounts on tickets to sporting events.

(b) Responsible for creating and distributing a "Certificate of Appreciation" to the sponsors for their years as an active participant in the program. The first will be given at the five year mark then 10 years, 25 years, 30 years, 35 years and above.

(7) Supervisor for continuous/periodic updates to the Plebe Sponsor Program website.

(8) Responsible for dissemination of general information concerning the Plebe Sponsor Program to all qualified parties that are interested in becoming sponsors.

(9) Responsible for creating and emailing the sponsor newsletter monthly.

(10) Responsible for updating Office of Management and Budget number and System of Record Notices number with the Pentagon and Department of Defense once every three years.

(11) Responsible to work with the Inspector General's Auditor. Answer all questions and show proof of information.

(12) Responsible for making necessary rematches for all midshipmen in the Brigade.

(13) Responsible to answer emergency cell phone 24/7 and be able to access sponsor database when necessary in time of an emergency or missing midshipman.

(14) Responsible to work with security on background check by mailing security letter and Department of Defense Form 5512 to all new sponsors.

(15) Responsible to work with the International Department to match incoming International Plebes with sponsor families and set up a separate Meet-and-Greet event for them to meet and arrange for sponsors to take the International Plebes for the day.

c. Midshipmen. This program presents an opportunity for midshipmen to benefit from a social relationship with a family in the community, and at the same time demands from midshipmen a responsibility to always maintain the highest standards of social behavior and etiquette. Every Plebe will be assigned a Plebe Sponsor.

6. Criteria for Plebe Sponsor Selection. Sponsors must reside within the Tri-City Metropolitan Area (Baltimore, Washington, Annapolis including localities on the Eastern Shore). Sponsors must be at least 28 years old. Military personnel with a rank/rate of E-6 or O-3 and above assigned to USNA and civilian faculty members are encouraged to participate as sponsors in this program (exceptions noted below). Retired military or faculty members, officers assigned elsewhere but living in the local area, local parents that currently have midshipmen attending the Naval Academy, and civilians residing in the area may volunteer to participate in the Plebe Sponsor Program. The policies for assignment of sponsors to Fourth Class Midshipmen are as follows:

a. Sponsors must complete the Sponsor Application by the required deadline to be considered for participation in the Plebe Sponsor Program. Prospective sponsors may request a midshipman by name. However, midshipmen requests will take precedence if a different sponsor is desired. Applicants to the Sponsor Program will receive a prospective sponsor letter upon receipt of their application, enclosure (1).

b. Only the adult members of a family will be considered for assignment as sponsors.

c. Sponsors may request to sponsor up to four Plebes per year.

d. Naval Academy faculty and staff whose sponsorship could be viewed as a conflict of interest may sponsor midshipmen, but must disclose this relationship for any proceeding which could impact the retention of a midshipman at USNA. In addition, they shall not use their position to give any special benefits to the midshipman which they sponsor. This includes Division Directors, Superintendent's personal staff, and those member sitting on Academic, Conduct, or Admission Boards.

e. In order to ensure the safety of midshipmen, prospective sponsors will be subject to a background investigation before gaining entry into the program. The background checks will be run through Naval Support Activity Annapolis Security. All new sponsors must complete and mail SECNAV Form 5512 enclosure (5), to security for the background check to be completed.

f. Sponsors will be notified via letter, enclosure (2), when they have been selected to participate in the Plebe Sponsor Program.

g. Sponsors will be required to attend a mandatory orientation briefings prior to being accepted into the program and assigned a midshipman. Sponsor must attend an orientation brief

MAY 16 2017

no less than once every three years; failure to attend briefing will result in termination from the program.

h. Upon arriving at the training brief, Sponsors will be required to sign the “Mandatory Sponsor Training Acknowledgement” form, enclosure (3), acknowledging that failure to uphold the rules and regulations outlined in reference (a) will result in the removal of assigned Plebe(s), and their being barred from future participation in the Plebe Sponsor Program.

7. Records Management. Records created as a result of this instruction, regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

8. Review and Effective Date. The Operations Officer will review this instruction annually on the anniversary of the effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire five years after the effective date unless reissued or otherwise canceled prior to the five-year anniversary date, or an extension has been granted.


S. E. LISZEWSKI

Distribution:
Non-Mids (Electronically)

MAY 16 2017

Date

Dear Prospective Sponsor:

Thank you for your interest in the Naval Academy's Plebe Sponsor Program. Whether you are a first-time sponsor or a veteran of the program, your time and efforts in providing a "home away from home" and support of our midshipmen are greatly appreciated.

The Plebe Sponsor Program application is now online with all information going directly to the Sponsor Coordinator on a secure website. Please review the new online application at www.usna.edu/sponsor/index.htm. If you decide you would like to sponsor one or more midshipmen from the Class of _____, please complete all portions of the application by _____. If you are a returning sponsor from the Class of _____ and wish to sponsor a Plebe from the Class of _____ please visit the website for instructions to renew your sponsor application and/or Friends of the Naval Academy (FONA) pass. Your assigned sponsor number is located at the bottom of this letter. In order to assure the safety of our midshipmen, prospective sponsors may be subject to a background check before gaining entry into the program.

You will be notified in July on acceptance into the sponsor program for the Class of _____. If you are a first-time sponsor or have not sponsored since the Class of _____'s plebe year (Academic Year _____ - _____), you will be required to attend one of three mandatory orientation briefings prior to becoming an official sponsor and being assigned a midshipman. The briefings will be offered on two weekday evenings and one Saturday morning to provide a choice of time that will best fit your calendar. Please plan on approximately two hours for this training. The briefings will be held in Mahan Hall, United States Naval Academy, on _____, _____ at 5:00 P.M., _____, _____ at 5:00 P.M. and _____, _____ at 9:00 A.M.

Sponsor assignments will be made in July and August. A reception hosted by the Naval Academy will be in Alumni Hall on _____, _____, at which time you will meet who you are assigned and receive your FONA passes. Additional details will be provided in a separate e-mail.

If you have any questions about the sponsor program, please contact the Plebe Sponsor Coordinator at sponsor@usna.edu or 410-293-7031.

Sincerely,

T. J. GRADY
Deputy Commandant of Midshipman

Enclosure (1)

Date

Dear Plebe Sponsor:

Congratulations! We have received your application and you have been selected as a Plebe Sponsor for the Class of ____, pending your completion of required sponsor training. Whether you are a first-time sponsor or you are a veteran of the program, your time and efforts in support of our midshipmen are greatly appreciated.

As a first-time sponsor or a returning sponsor who has not attended training since the Class of ____'s plebe year (____) or later, you are required to attend one of three training sessions before you are assigned a member of the Class of ____ to sponsor. If you are not required to attend the training, you are also invited, and more than welcome to attend the training that will be provided. The briefings will be held in Mahan Hall, United States Naval Academy, on _____, _____ at 5:00 P.M., _____, _____ at 5:00 P.M., and _____, _____ at 9:00 A.M. Sponsors can attend any session without prior registration and should expect it to take approximately two hours. This training should familiarize you with the rules and regulations governing the sponsor program, as well as other major policies that may affect you and your Plebe, as well as provide you an opportunity to answer any questions you may have about the Sponsor Program. The doors to Mahan Hall will open 30 minutes prior to the training sessions for registration.

For those of you who do not ordinarily have access to the Naval Academy by car, print out this email and present it at the gate for one-time access to the Yard. Parking is available in the parking lots of both Alumni Hall and Mahan Hall inside Gate 3 off Maryland Avenue and Gate 8 off Route 450. Guards will be able to direct you.

Sponsors who submitted their vehicle information for renewal of a "Friends of the Naval Academy" (FONA) pass and are not sponsoring a Plebe from the Class of 2012 will have their passes mailed to them after August 5th.

Sponsors will meet their assigned Plebe(s) for the first time at a reception in Alumni Hall, the afternoon of _____, _____. Details will follow in a separate e-mail.

If you have any questions at all, please feel free to contact me at 410-293-7031, or via e-mail at HUsponsor@usna.edu. We look forward to working with you during the next four years.

ROSE CLARK
Director, Sponsor Program
US Naval Academy

Enclosure (2)

SPONSOR TRAINING ACKNOWLEDGEMENT

I/We certify that I/we have attended the mandatory sponsor training this date. In signing the below, I/we agree to uphold and adhere to all United States Naval Academy rules and regulations of the Sponsor Program.

Prior to assignment of midshipmen to a sponsor family, each adult member of the family must receive initial training. Refresher training is required after three years. If three or more years have elapsed since original or refresher training, no new midshipmen will be assigned to a Sponsor until refresher training is conducted and sponsors will be removed from the program.

I/We received training on the following topics:

- Overview of the purpose of the program, mission of USNA, and background on the incoming class.
- Expectations, Midshipmen Regulations, and program administration. The regulations portion of the brief specifically includes policies on alcohol consumption, fraternization, prohibitions on renting properties specifically for midshipmen use, vehicle operation, civilian clothing, and liberty.
- Sexual Assault Prevention and Response Office. This brief includes information on command organization, sexual harassment, sexual misconduct, sexual assault, the programs available to victims, an overview of training provided to the Brigade, and what to do if something happens to your midshipman.

I/we acknowledge that failure to uphold the rules and regulations may result in the removal of assigned Plebe(s) and midshipmen, and my/our being barred from future participation in the Plebe Sponsor Program.

Print Name

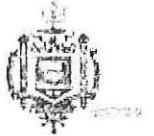
Sign and Date

Print Name

Sign and Date

UNITED STATES NAVAL ACADEMY

*Sponsor
Program*



OMB 0703-0054 EXP: 31-AUG-2019

USNA Sponsor Application

AGENCY DISCLOSURE NOTICE: The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directors Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB 0703-0054).

Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Please do not return your response to the above address.

Responses should be sent to: United States Naval Academy, Privacy Office, 121 Blake Road, Annapolis, MD 21402-1300

New Sponsors: Click [Submit a New Application].

Returning USNA Sponsors: Login to your existing information by entering Sponsor Number, First Name, Last Name, and Birth Date, then click [Log In].

Sponsor Number:	
First Name:	
Last Name:	
Birth Date (DD-MON-YYYY, e.g. 02-FEB-1988):	

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

PRIVACY ACT STATEMENT:

Authority: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 6956, Midshipmen: Nomination and Selection to fill Vacancies; 10 U.S.C. 6957, Selection of Persons from Foreign Countries; 10 U.S.C. 6958, Midshipmen: Qualifications for Admission; 10 U.S.C. 6962, Midshipmen: Discharge for Unsatisfactory Conduct or Inaptitude; 10 U.S.C. 6963, Midshipmen: Discharge for Deficiency; and E.O. 9397 (SSN), as amended, and N01531-1.

Purpose: To establish an audit trail of files which contain information on individuals as they progress from the application stage, through the admissions process, to disenrollment or graduation from the Naval Academy and to maintain information on those applying to assist individuals with their progression through the Academy.

Routine Uses: Used by the Sponsor Program Office to determine if candidates are a good fit for the program and maintain communications between the Sponsor Office, sponsors, and midshipmen.

Disclosure: Voluntary; however, failure to provide the required information may result in a delay or inability to process the applicant's application.

LINK to SYSTEM OF RECORDS NOTICE: <http://dpcl.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6420/n01531-1.aspx>

Enclosure (4)

UNITED STATES NAVAL ACADEMY

Sponsor Program



USNA Sponsor Application

Click [here](#) for Application Instructions.

We appreciate your interest in the Sponsor Program at the U.S. Naval Academy. Please read the Application Instructions thoroughly and complete each section in the space provided. This application will be evaluated for the current sponsor year. Sponsors must be at least 28 years old and live within 22 miles of the Naval Academy in order to be considered. In addition, active duty military must have a rank/rate of E-6 or O-3 and above.

If you have questions, please contact the [Sponsor Program Office](#) via email or call 410-293-7031.

Personal Information

Title:

First Name: (Required)

Preferred Name:

Last Name: (Required)

Name Suffix:

Gender: (Required)

Birth Date: (Required)
(DD-MON-YYYY, e.g. 02-FEB-1988)

Marital Status: (Required)

Home Address: (Required)

City: (Required)

State: (Required)

Zip Code: (Required)

Email Address: (Required)

Home Phone Number: (Required)

Work Phone Number:

Cell Phone Number:

If you are on Active Duty, in the Reserves, or Retired from the U.S. Armed Forces, please indicate the Military Branch, Rank/Rate, and current Military Status.

Military Branch: [Select Branch and Rank/Rate from List](#)

Rank/Rate:

Military Status:

Current Employer:

Employer Address :
(Limited to 255 Characters)

Employer Phone Number:

Occupation:

Sponsor Status: (Required)

Can you speak a language besides English?: (Required)

If Yes, please indicate the language. If you speak more than one or if you speak a language that is not listed, select "Multiple" or "Other" and specify the name of the language in Additional Comments.:

Enclosure (4)

Have you ever been convicted of a felony, domestic violence, drug-related offense, sex offense, DWI/DUI, or had your driver's license revoked?

(Required)

If yes, give a complete description of the incident(s). State where and when each incident occurred, the nature of the offense(s) and the date and disposition of the case(s). (Limited to 255 Characters)

Provide a Statement of Interest as to why you would like to be a part of the Sponsor Program and what you feel you have to offer.

Statement of Interest : (Limited to 4000 Characters)

(Required)

Spouse Information

If married, please provide the following information concerning your spouse. This information is required so that your household can be accurately evaluated for participation. All information is Required, except Spouse Employer Information and Occupation.

Spouse First Name:

Spouse Preferred Name:

Spouse Last Name:

Birth Date: (DD-MON-YYYY, e.g. 02-FEB-1988)



Spouse Employer:

Spouse Employer Address : (Limited to 255 Characters)

Spouse Employer Phone Number:

Spouse Occupation:

Has your spouse ever been convicted of a felony, domestic violence, drug-related offense, sex offense, DWI/DUI, or had their driver's license revoked?

If yes, give a complete description of the incident(s). State where and when each incident occurred, the nature of the offense(s) and the date and disposition of the case(s). (Limited to 255 Characters.)

Household and General Midshipman Preferences

To assist the Sponsor Program Office in matching you with suitable Midshipman, please indicate your general household information and midshipman preferences.

Children: (Required)

Pets: (Required)

Allow Smoking: (Required)

Enclosure (4)

Number of Midshipmen You Wish to Sponsor: (Required)
 (Limited to 4 per class year):
 Midshipman Gender: (Required)
 Midshipman Home State: (Required)
 Midshipman Military Background: (Required)
 Do you prefer non smoker?: (Required)
 Midshipman Varsity Sport Affiliation: (Required)

Indicate your top interests from the following categories:
 (Select up to five.)

Sports

- Baseball Football Ice Skating Skiing Volleyball
- Basketball Golf Lacrosse Soccer Water Polo
- Bowling Gymnastics Martial Arts Swimming Weightlifting
- Boxing Hockey Running Tennis Wrestling
- Cycling

Outdoor Activities

- Auto Racing/Cars Flying/Aeronautics Horses Rollerblading Sky Diving
- Boating/Sailing Gardening Hunting/Shooting Scuba/Skin Diving Water Sports
- Crabbing/Fishing Hiking/Camping

Crafts/Hobbies

- Antiques Collecting Cooking Photography Woodworking
- Art/Drawing Computers

Music

- All Music Classical Country Rhythm And Blues Rock
- Alternative

Other

- Board Games Languages Philosophy Scouting Theater
- Card Playing Movies Politics Shopping Travel
- Dancing Museums Reading Television Writing
- History

Please prioritize, from the pull-down list, your preferences for selecting midshipman below. Preferences should be ranked from highest, Priority 1, to lowest, Priority 5.

Priority 1: (Required)
 Priority 2: (Required)
 Priority 3: (Required)
 Priority 4: (Required)
 Priority 5: (Required)

Specific Midshipman Request

If you wish to Sponsor particular midshipman, please enter their information in the following section. If unavailable, assignment will be addressed by general household information and midshipman preferences. All information is Required.

Last Name	First Name	Home State	Is Midshipman Aware of Your Request?
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Gate and Vehicle Pass Information

Please enter your vehicle information for Friends of the Naval Academy (FONA) Pass. Information for at least one vehicle must be entered. All vehicle information must be entered.

Enclosure (4)

Year	Make	Model	Color	State Registered	License Plate Number
				<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>

Training Information

Sponsors are required to attend training every three years. Please indicate which training session you will be attending.

Session One: (Required) [Click Here for Session Dates](#)
Session Two: (Required)
Session Three: (Required)

Additional Comments and Special Considerations

Please enter any additional comments, special considerations or other information you desire to provide:
(If you answered "OTHER" in any section, please explain in this section. Limited to 255 Characters.)

Select 'Submit' to submit completed application to the Sponsor Program office.
Select 'Print' to print a copy for your records.
Select 'Exit' to exit without saving.

DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM05512-2.
PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and relieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.
ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.
DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKIAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:		9. CITY OF BIRTH:		10. STATE OF BIRTH:	
12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):					

U.S. Citizen Minimum Documentation Required:
 By Birth - Social Security No and/or State ID/Drivers License.
 Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License.
 Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.

Alien Minimum Documentation Required:
 Registration Number, Expiration date, Date of entry, Port of entry.

14. IDENTITY SOURCE DOCUMENTS PRESENTED:	15. DOCUMENT NUMBER:	16. ISSUED BY STATE/COURT:	17. ISSUED BY COUNTRY:	18. ISSUED:	19. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		

Date of Entry: _____ Port of Entry: _____

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>					
<input type="checkbox"/>					

20. WEIGHT (Pounds):	21. HEIGHT (Inches):	22. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald	23. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown
----------------------	----------------------	--	---

24. HOME ADDRESS (Include city, state, zip code):		HOME PHONE (Include Area Code):
25. BASE SPONSOR'S NAME:		SPONSOR PHONE (Include Area Code):

EMPLOYMENT ACTIVITY INFORMATION

26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):	EMPLOYER PHONE (Include Area Code):
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):	SUPERVISOR PHONE (Include Area Code):

28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:

WORK HOURS: 0600-1800 0800-1700 OTHER _____ WORK DAYS: SN M T W TH F ST

PRIOR FELONY CONVICTIONS

29. Have you ever been convicted of a Felony? YES NO _____ Initial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (initial)

AUTHORIZATION AND RELEASE AND CERTIFICATION

31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT

DATE _____ SIGNATURE _____

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:		38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:

Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on an DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.

Instruction for completing the Local Population Access Registration Form

INSTRUCTIONS: Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

RESTRICTIONS: Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction. Review the Privacy At Statement that is printed at the top of the form

<p>Block 1: Enter the Last Name. Block 2: Enter the First Name. Block 3: Enter the Middle Name. Block 4: If applicable, check the box for Name Suffix. Block 5: Check the applicable box for Hispanic or Latino. Block 6: Check the applicable box for Race. Block 7: Check the applicable box for Gender. Block 8: Enter Date of Birth. Block 9: Enter City of Birth. Block 10: Enter State of Birth. Block 11: Enter Country of Birth. Block 12: Check the applicable box for US Citizenship. Block 13: If not a US Citizen, enter the name of the Country of Citizenship. Block 14: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present. Block 15: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 14. Block 16: Enter the State that issued the Identity Source Document. Block 17: Enter the Country that issued the Identity Source Document.</p>	<p>Block 18: Enter the Date that the Identity Source Document was issued. Block 19: Enter the Date that the Identity Source Document will expire. Block 20: Enter Weight in pounds. Block 21: Enter Height in inches. Block 22: Check the applicable box for Hair Color. Block 23: Check the applicable box for Eye Color. Block 24: Enter Home Address including City, State, Zip Code, and Home Telephone Number. Block 25: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number. Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number. Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number. Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days. Block 28: Check the applicable answer if you have been convicted of Felony and enter initials. Block 29: Check the applicable box for felony conviction. Block 30: Enter initials to accept terms for returning Local Population Identification Card. Block 31: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.</p>
---	--

LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.
 Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card. Permanent Resident Card or Alien Registration Receipt Card (Form I-551). Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa. Employment Authorization Document that contains a photograph (Form I-766). For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign Passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM. 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. School ID card with a photograph Voter's registration card. U.S. Military card or draft record. Military dependent's ID card. U.S. Coast Guard Merchant Mariner Card. Native American tribal document. Driver's license issued by a Canadian government authority. <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> School record or report card. Clinic, doctor, or hospital record. Day-care or nursery school record. 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION. VALID FOR WORK ONLY WITH DHS AUTHORIZATION. Certification of Birth Abroad issued by the Department of State (Form FS-545). Certification of Birth issued by the Department of State (Form DS-1360). Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal. Native American tribal document. U.S. Citizen ID Card (Form I-197). Identification Card for Use of Resident Citizen in the United States (Form I-179). Employment authorization document issued by the Department of Homeland Security.

The remainder of the form will be completed by the Base Registrar Person conducting Identify Proofing process and NCIC check.

AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB 0703-0061. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN COMPLETED FORM TO THE ABOVE ADDRESS.
 Completed form should be submitted to the Base Registrar.