



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

**REQUIRED SPECIAL CONSIDERATION AGENT LETTER CHECKLIST**

**SPONSOR MUST COMPLETELY FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN**

<u>ITEM NUMBER</u>	<u>ITEM</u>	<u>SPONSOR INITIALS</u>	<u>CLERK INITIALS</u>
#1	<b>Agent Privilege Letter Application</b> (For NEX/Commissary <b>OFF BASE</b> only) (Does not allow base access or pharmacy access)		
#1A	<b>Sponsor's Information</b> (Military Member's Information)		
#1B	<b>Agent's Information</b> (Family Member or Care Giver)		
#2	<b>Justification Letter</b> (i.e. Reason for Request)		
#3	<b>Copy of Sponsor's ID Card</b> <i>Front/Back scanned copy only; printed pictures/unreadable copies are invalid</i>		
#4	<b>Copy of Agent's ID Card or State Issued ID</b> <i>Front/Back scanned copy only; printed pictures/unreadable copies are invalid</i>		
#5	<b>Other Documents</b> (i.e. Divorce Decree, Family Care Plan, In Loco Parentis Power Of Attorney, Proof of enrollment in CDC) <b>Physician's Justification Letter:</b> (if applicable) - Physician's letter must be on medical facility's official letterhead or include the physician's stamp - Must have physician's wet OR digital signature - Medical license number is recommended but not required <b>*NOTE:</b> Physician's justification letter <b>MUST</b> state that Agent will <b>SHOP UNACCOMPANIED</b>		
#6	<b>SECNAV Form 5512-1 (Dated May 2021)</b>		
<b>NOTE: ADDITIONAL SUPPORTING DOCUMENTS MAY BE REQUIRED DEPENDING ON THE NATURE OF THE REQUEST</b>			
*PID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.*			<input type="checkbox"/> <b>GREEN BOOK</b>

**Checklist Current as of 01 FEB 2025 (all others obsolete/invalid)**

\*\*\*Privacy Act of 1974 as Amended Applies - This Document May Contain "For Official Use Only" (FOUO) and/or Privacy Act Information Which Must Be Protected IAW DOD 5400.11R.\*\*\*

**INFORMATION LISTED BELOW IS FOR PASS & ID USE ONLY**

1. Received By (Rank/First Last): \_\_\_\_\_ / Date \_\_\_\_\_

**2. PID CLERK SYSTEM VERIFICATION**

**Clerk Initials**

<b>National Crime Information Center (NCIC) Background &amp; Sex Offender Registry (SOR) Check:</b>	
<b>Barment Check:</b>	
<b>PID Clerk Name (Last, First):</b> _____	<b>Date:</b> _____

3. Pass & ID NCOIC (Rank/First Last): \_\_\_\_\_ / Date \_\_\_\_\_

**Recommend: Approval / Disapproval**

**Comments:** \_\_\_\_\_

4. Pass & ID LCPO (Rank/First Last): \_\_\_\_\_ / Date \_\_\_\_\_

**Recommend: Approval / Disapproval**

**Comments:** \_\_\_\_\_

5. Section Chief (Rank/First Last): \_\_\_\_\_ / Date \_\_\_\_\_

**Recommend: Approval / Disapproval**

**Comments:** \_\_\_\_\_

6. Superintendent (Rank/First Last): \_\_\_\_\_ / Date \_\_\_\_\_

**Recommend: Approval / Disapproval**

**Comments:** \_\_\_\_\_

7. JB2 CC Review: (Rank/First & Last Name): \_\_\_\_\_ / Date \_\_\_\_\_

**Recommend: Approval / Disapproval**

**Comments:** \_\_\_\_\_