



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

REQUIRED MEDICAL AGENT PRIVILEGE LETTER CHECKLIST

<u>ITEM NUMBER</u>	<u>ITEM</u>	<u>SPONSOR INITIALS</u>	<u>CLERK INITIALS</u>
#1	Agent Privilege Letter Application (For NEX/Commissary OFF BASE only) (Does not allow Installation access or pharmacy access)		
#1A	Sponsor's Information (Military Member/Spouse Information)		
#1B	Agent's Information (Family Member or Care Giver)		
#2	Physician's Justification Letter: - 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 *NOTE: Physician's justification letter MUST state that Agent will SHOP UNACCOMPANIED		
#3	Copy of Sponsor's ID Card <i>Front/Back scanned copy only; printed pictures/unreadable copies are invalid</i>		
#4	Copy of Agent's ID Card or State Issued ID <i>Front/Back scanned copy only; printed pictures/unreadable copies are invalid</i>		
#5	SECNAV Form 5512-1 (Dated May 2021)		
NOTE: ADDITIONAL SUPPORTING DOCUMENTS MAY BE REQUIRED DEPENDING ON THE NATURE OF THE REQUEST			
Sponsor <u>MUST</u> be present upon package submission to PID. *PID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.*			<input type="checkbox"/> GREEN BOOK

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

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INFORMATION LISTED BELOW IS FOR PASS & ID USE ONLY

1. Received By (Rank/First Last): _____ / **Date** _____

2. PID CLERK SYSTEM VERIFICATION

Clerk Initials	
National Crime Information Center (NCIC) Background & Sex Offender Registry (SOR) Check:	
Barment Check:	
PID Clerk Name (Last, First):	Date:

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: _____
