



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

**DOD-CIVILIAN SPOUSE CARD CHECKLIST**

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

<b><u>ITEM NUMBER</u></b>	<b><u>ITEM</u></b>	<b><u>SPONSOR INITIALS</u></b>	<b><u>CLERK INITIALS</u></b>
#1	<b>JB2 Form 0180 (Dated 06 Aug 2021)</b>		
#1A	<b>From Block</b> (Sponsor Name and Address)		
#1B	<b>Location</b> (Organizations POC/Location)		
#1C	<b>Badge Expiration Date</b> (Expiration date on sponsors ID)		
#1D	<b>Days/Hours</b> (Specify the days and hours needed to gain access)		
#1E	<b>Justification</b> (i.e Mission Impact/Family Hardship)		
#1F	<b>Visitor Information</b>		
#1G	<b>Requestor Name/Signature</b> (Digital or Wet)/Date/Phone/Email (Same as visitor or company POC)		
#1H	<b>Sponsor Name/Signature</b> (Digital or Wet)/Date/Phone/Email (Must be same as Sponsor listed on SECNAV Form 5512)		
#1I	<b>Command Name/Signature</b> (Digital or Wet)/Date/Phone #/Email		
#2	<b>Marriage Certificate</b>		
#3	<b>Justification Letter from Command</b> (ie. Mission Impact, Health Reasons, etc.)		
#4	<b>Copy of Sponsor's CAC</b> <i>(Front/Back scanned copy only; printed pictures/unreadable copies are invalid)</i>		
#5	<b>Copy of Visitor's Driver's License</b> <i>(Front/Back scanned copy only; printed pictures/unreadable copies are invalid)</i>		
#6	<b>Other Documents</b> (i.e. Power Attorney, Family Care Plan, Proof of enrollment in CDC, Copy of Child ID/Birth Certificate)		
#7	<b>SECNAV Form 5512-1 (Dated May 2021)</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)**

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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**

<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:** \_\_\_\_\_