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

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 5200.08-R, Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos); Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files; and E.O. 9397 (SSN), as amended; OPNAVINST 5530.14E, Navy Physical Security and Law Enforcement Program; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual; SORNNM05512-2 Badge and Access Control System Records and DMDC 16, Identity Management Engine for Security and Analysis (IMESA): http://dpcld.defense.gov/Privacy/SORNsIndex

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 retrieve 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: ☐ Jr. ☐ Sr. ☐ I ☐ II ☐ III ☐ IV

5. RACE *(Check one or more):* ☐ AMERICAN INDIAN or ALASKA NATIVE ☐ ASIAN ☐ BLACK or AFRICAN AMERICAN ☐ HISPANIC OR LATINO ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE

6. GENDER *(Check one):* ☐ MALE ☐ FEMALE	7. DATE OF BIRTH: __/__/__ MO DAY YEAR	8. CITY OF BIRTH:	9. STATE OF BIRTH:	10. BIRTH COUNTRY:

11. US CITIZEN *(Check):* ☐ YES ☐ NO	12. DUAL CITIZENSHIP: ☐ YES ☐ NO CITIZENSHIP IF OTHER THAN US *(Country)*:

U.S. Citizen Minimum Documentation Required:
By Birth - Social Security No and 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.

13. IDENTITY SOURCE DOCUMENTS PRESENTED:	14. DOCUMENT NUMBER:	15. ISSUED BY STATE/COURT:	16. ISSUED BY COUNTRY:	17. ISSUED:	18. EXPIRES:
☐ Social Security No.		NA	United States	NA	NA
☐ State ID/Drivers License			United States		
☐ Passport No.					
☐ Certification Number and Petition Number					
☐ Derived - Parent's Certification Number:			United States		
☐ Alien Registration No.			United States		
		Date of Entry:	Port of Entry:		

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

☐					
☐					

19. WEIGHT *(Pounds):*	20. HEIGHT *(Inches):*	21. HAIR COLOR *(Check one):* ☐ Blond ☐ Brown ☐ Black ☐ Gray ☐ Red ☐ White ☐ Silver ☐ Auburn ☐ Bald	22. EYE COLOR *(Check one):* ☐ Brown ☐ Green ☐ Blue ☐ Hazel ☐ Black ☐ Gray ☐ Violet ☐ Unknown

23. HOME ADDRESS *(Include city, state, zip code):*	HOME PHONE *(Include Area Code):*

24. BASE SPONSOR'S NAME: DoD #	SPONSOR PHONE *(Include Area Code):*

SECNAV 5512/1 (MAY 2021)

CUI (when filled in)

Controlled by: DoN
CUI Category: PRVCY
LDC: FEDCON
POC: Rodney Ramseur, rodney.ramseur@navy.mil, 202-433-4281

Page 1 of 3

EMPLOYMENT ACTIVITY INFORMATON

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

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

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

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

PRIOR FELONY CONVICTIONS

28. Have you ever been convicted of a Felony?   ☐ YES ☐ NO   *Initial*

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

29. 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

30. 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 IDENTY PROOFING and NCIC CHECK

31. INFORMATION VERIFIED BY:	32. ENTERED IN C/S SYSTEM BY:	33. PASS ISSUE DATE:	34. PASS EXPIRATION DATE:

35. NCIC CHECK PERFORMED BY:	36. RESULTS OF NCIC CHECK:	37. RESULTS OF LOCAL RECORDS CHECK:
	☐ NO RECORDS ☐ RECORD IDENTIFIER	☐ NO RECORDS ☐ RECORD IDENTIFIER
	RECORD NUMBER:	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.

DEPARTMENT OF THE NAVY

VOLUNTARY STATEMENT

1. Place:

2. Date:

I _____, make the following free and voluntary statement to _____, whom I know to be a police officer for the Naval Support Activity Monterey Police Department. I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement concerning my knowledge of: _____

_____

Subscribed and Sworn Before Me This _____

Day of _____. 201 _____

Signature: _____

Print: _____

NSAM Police Department

I have read over this statement, which contains information/facts I have voluntarily provided. I have initialed corrections and made changes that I desire. This statement is true and correct to the best of my knowledge and recollection.

Signature _____

Print Name _____