

___New ___ Renewal

Navy Region Hawaii PMRF MWR Guest Card Application

Aloha! Fill out this application. Include a payment of \$25 and either drop it in the white box at the PMRF Pass & ID Office at the Main Gate located at the 30 mile marker on Highway 50, or mail it to PMRF MWR Guest Cards, PO Box 128, Kekaha Hi 96752. Background checks are processed by PMRF Base Security and take 3 to 4 weeks. We will send you an email notifying you to contact us to check the status and schedule an appointment to process your card. Vehicle passes are not needed, but you will need the registration, safety check and insurance (or Rental Car Agreement) to get on base for the appointment. Also bring a picture ID, license or passport which is valid and legible.

APPLICANT INFORMATION

FIRST	MIDDLE	LAST NAME	SSN:	DATE OF BIRTH:
ADDRESS:		CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER: ()	CELL PHONE NUMBER: ()		E MAIL ADDRESS:	
DRIVERS LICENSE NUMBER:	DRIVERS LICENSE – STATE:	U.S. CITIZEN: YES NO		

APPLICANT'S STATEMENT AND SIGNATURE

I AGREE TO OBEY ALL RULES AND REGULATIONS OF NAVY REGION HAWAII. AS A CONDITION OF ENTRY, I CONSENT TO ANY INSPECTION AND SEARCH OF MY PERSON, PROPERTY OR VEHICLE.
I ASSUME ALL RISKS FOR PERSONAL LOSS, DAMAGE OR INJURY OF ANY NATURE TO MYSELF OR U.S. GOVERNMENT PROPERTY WHILE ON BASE.
I UNDERSTAND THIS PASS IS FOR MY PERSONAL USE AND CANNOT BE TRANSFERRED, NOR AUTHORIZES SPONSORSHIP OF GUEST OVER 18 YEARS OF AGE.
I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES OF AMERICA. I HEREBY AUTHORIZE AND CONSENT TO THE RELEASE OF INFORMATION AND RECORDS BEARING ON MY PERSONAL HISTORY, ARREST AND CONVICTIONS, IF ANY.

PRIVACY ACT STATEMENT: This record contains personal information concerning the civilian personnel who may be granted access to a Government installation for the purposes of using Morale, Welfare and Recreation facilities. Authority to obtain, use and disclose information is governed by 5 U.S.C. ss. 552.A and SECNAVINST 5211.5D. Disclosure of this information is "voluntary" however, failure to provide the requested information could result in denial of access authority.

I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT

APPLICANT SIGNATURE: X	DATE:
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NAVY REGION – PMRF - HAWAII USE ONLY

I verify that the Applicant information above is correct.	
Signature of Verifier (Navy Region Hawaii Representative)	Date:

Payment amount: \$ _____ Date Payment Received: _____ Circle One : Check Cash

<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	LOCAL AREA FILES AND NATIONAL BACKGROUND CHECK WAS PERFORMED AND REVEALED ADVERSE OR DEROGATORY INFORMATION. <input type="checkbox"/> DID <input type="checkbox"/> DID NOT
MWR OFFICIAL SIGNATURE:	DATE: