

NAS Lemoore

Special Event Access Request

This access request is to be used for pre-authorizing access to Non-Military/DoD personnel for the purpose of Weddings, Retirement Ceremonies, Command Functions, Change of Commands, or any other non-contract/work related access request. Requests are required to be sent two weeks in advance.

Note:

Military members, Dependents, or any other person who is already in possession of a valid DoD/Military ID do not need to be placed on the list, as they are already authorized for access

Detailed Explanation:

- Block#
- (1) Print full name (Last, First Middle) of the individual placing the request.
 - (2) Rate/Rank of the individual placing the request. (If civilian enter pay grade)
 - (3) Date of request (not the date of work)
 - (4) Requestor Affiliation and status
 - (5) Command of Requestor.
 - (6) Department at the command/employer civilian is attached to.
 - (7) Work phone number.
 - (8): Work address
 - (9): City and State
 - (10): Home phone number / Cell phone number
 - (11) Work email address
 - (12) Date(s) of Event
 - (13) Location(s) of Event:
 - (14): Sponsor may digitally sign the request and email it to Pass and Decal or hand carry to Pass and ID with their CAC card and receive a "Verification of Identity" stamp in this block. Unverified requests will not be approved for access to the installation.
 - (15): Type of access desired.
 - (16): Location(s) of event
 - (17): Detailed description of event. Include time event will begin.
 - (18): Complete name of the individual.
(Do not use Mr. and Mrs. Smith; use a separate line for each individual in the family. If family members are under the age of 18, write "Child (6yo) Smith", or "Child (10yo) Smith", etc.)
 - (19) Address
 - (20) Drivers Licenses
 - (21): Complete SSN of individual
 - (22): Individual's date of birth
 - (23): Individual's nationality.

If more people are being requested than there are spaces please use a continuation sheet.

Contact Pass and ID for email addresses to send completed requests via encrypted email. Contact numbers are (559)998-3386 or/ (559)998-4786. Requests for information can be submitted to LEMR_PASS-DECAL@NAVY.MIL.

All access requests must be sent by one of the 3 methods below.

1. Hand carried to Pass and Decal at Building 716.
2. Encrypted email per guidance from Pass and Decal.
3. If encrypted email is not available fax to 559-998-3221, when sending a fax, utilize a Privacy Act Data Cover Sheet (DD FORM 2923) and verify receipt by the correct addressee.

(Note: Names listed will be vetted per NASLEM 5530.14B Navy Commercial Access Control System (NCACS) Implementation and Base Access Procedures, CNICINST 5530.14 and Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control, 30 Sep 10. Please be completely fill out the information, as the more detailed the information, the more accurate the screening)

Naval Air Station Lemoore
**SPECIAL EVENTS ACCESS
 REQUEST**

"FOR OFFICIAL USE ONLY -
 PRIVACY SENSITIVE: Any misuse
 or unauthorized disclosure may result
 in both civil and criminal penalties."

For all non-work related access.

(1) From: (Last Name, First Middle)	(2) Rate/Rank:	(3) Date of Request:
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(4) Affiliation of Requestor

Branch	Status
<input type="checkbox"/> USN <input type="checkbox"/> DoD Civilian <input type="checkbox"/> US ARMY <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USCG	<input type="checkbox"/> Active (Mil/Civ) <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Military <input type="checkbox"/> Retired Civilian <input type="checkbox"/> Midshipman <input type="checkbox"/> Delayed Entry Program

(5) Command (Currently assigned)

(6) Department:	(7) Work Phone:
(8) Work Address:	
(9) City & State	(10) Home Phone:
(11) Email Address:	
(12) Date of Event:	(13) Location(s) of Event:

(14)

Pass and ID Verification
of Identity stamp here.

Requestor Signature

ACCESS DESIRED

Mark all that apply

(15) Type	(16) Location
<input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted	<input type="checkbox"/> Administration Side <input type="checkbox"/> Operation Side <input type="checkbox"/> Housing

(17) REASON FOR REQUEST, (INCLUDE TIME EVENT WILL BEGIN.)

Be specific

For official P & D Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Print Name of Approving Official:	Signature of Approving Official:
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Notice: Current Registration, Proof of insurance, and Drivers License must be provided upon request.

