



To Whom It May Concern:

Enclosed please find two (2) forms: MWR Guest Card Application form and the Department of the Navy Local Population ID Card/Base Access Pass Registration SECNAV 5512/1 form. Please complete the forms in BLACK INK ONLY and return the applications to the MWR Administration Office.

When submitting your applications you must also send a copy of two (2) forms of government ID.

First Form of ID Must Be: State Issued Driver's License/State Identification Card.

Second form of ID can be one of the following:

Birth Certificate
Social Security Card
Voter's Registration Card
Passport
Conceal to Carry Weapon Permit

Documents are NOT authorized to be faxed due to Privacy Act Information

Once your forms are received and submitted to Security it can take up to 4 weeks to receive your background check approval. The MWR Guest Card is good for twelve (12) months; there is no fee.

The MWR Guest Card will only provide you access to the base, if you wish to bring guests – they will have to have their own MWR Guest Card, current military/retiree/DoD Identification card. Parents and/or legal guardians (Guest Card holders) are allowed to bring their children under the age of 16 with them. Children 16 years or older would need an MWR Guest Card.

This guest card is for patrons to visit our Category C facilities: Windy Harbor Golf/Bogey's Restaurant, The Beacon (All Hands Club "Loggerheads" only), Ocean Breeze/Surfside Conference and Catering Centers, Mayport Bowling Center/Fast Lanes Grille, Beachside Bingo and CPO Club Foc'sle Lounge and Restaurant (All Hands events only) and Mayport Music Fest (when paid ticket is required).

If you have any questions please call 904-270-5228.

MWR Administrative Department
Naval Station Mayport
P. O. Box 280048
Jacksonville, FL 32228

Enclosure:

MWR Guest Card Application
SECNAV Form 5521/1



**MUST PROVIDE TWO (2) FORMS OF
GOVERNMENT IDENTIFICATION**

MAYPORT NAVAL STATION MWR GUEST CARD APPLICATION

Please mail your completed application to Naval Station Mayport, MWR ADMIN, P. O. Box 280048, Jacksonville, FL 32228.
If you need any additional information, please contact MWR at 904-270-5228.

FAXING YOUR APPLICATION IS NOT ALLOWED.

APPLICANT INFORMATION

First/Middle/Last Name:
Address:
Phone Number:
Email Address:

VEHICLE INFORMATION

Vehicle #1		Vehicle #2	
Make:	Color:	Make:	Color:
Model:	Year:	Model:	Year:
Tag #:	State:	Tag #:	State:
Insurance Co:		Insurance Co:	
Policy No:		Policy No:	

APPLICANT'S STATEMENT, LIABILITY & SIGNATURE

The Morale, Welfare & Recreation (MWR) Guest Card is for patrons only to visit our Category C facilities: Windy Harbor Golf/Bogey's Restaurant, Mayport Bowling Center, Beachside Bingo, CPO Club Restaurant/Lounge, Ocean Breeze Conference and / Surfside Catering Center, Beachside Community Center (All Hands club) and select Special Events hosted by MWR. I cannot use my MWR Guest Card to visit any other facilities. My guest card will be revoked if I use it for any other purpose than those stated above.

I agree to obey all rules and regulations of Naval Station Mayport. As a condition of entry, I consent to any inspection and search of my person, property or vehicle. I am aware of and will comply with the rules prohibiting the introduction of liquor, drugs or any type of weapon onto Naval Station Mayport. I understand this pass is for my personal use and cannot be transferred. No guests authorized. I acknowledge a NCIC and Screenings will be performed. I assume all risks for personal loss, damage or injury of any nature to myself and I assume liability for any damage to U.S. Government property caused by myself while on the base.

The issuance of this pass does not and shall not, in any way incur liability on the part of the U.S. Government or its agents for personal injuries or property damage I suffer while on board Naval Station Mayport while traveling over the specific route to the designated area listed on this form, unless provided by the Federal Tort Claims Act. Furthermore, acceptance of this pass certifies I have the required automobile insurance in the State in which my automobile is registered, and that my vehicle is currently registered in accordance with applicable state law. I understand that I am responsible for my actions and my vehicle while on board Naval Station Mayport.

PRIVACY ACT STATEMENT: This record contains personal information concerning civilian personnel who may be granted access to a government installation for the purpose of using Morale, Welfare and Recreation facilities. Authority to obtain, use and disclose this information is governed by 5 U.S.C. ss. 552.A and SECNAVINST 5211.5 series. 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 AND AGREE TO ALL RULES, REGULATIONS AND LIABILITY.

Applicant Signature:

Date:

MWR Verification/Date: ()/

Sent to Security:

Approved/Denied

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

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy, 10 U.S.C. 5041, Headquarters, Marine Corps, OPNAVINST 5530 14E, Navy Physical Security, Marine Corps Order 5530 14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM05512-2.

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 <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5 HISPANIC OR LATINO (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		6 RACE (Check one or more) <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7 GENDER (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8 DATE OF BIRTH		9 CITY OF BIRTH		10 STATE OF BIRTH	
11 BIRTH COUNTRY							
12 US CITIZEN (Check) <input type="checkbox"/> YES <input type="checkbox"/> NO		13 DUAL CITIZENSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country)					

U.S. Citizen Minimum Documentation Required

By Birth - Social Security No and/or 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

14 IDENTITY SOURCE DOCUMENTS PRESENTED		15 DOCUMENT NUMBER		16 ISSUED BY STATE/COURT		17 ISSUED BY COUNTRY		18 ISSUED		19 EXPIRES	
<input type="checkbox"/> Social Security No						United States					
<input type="checkbox"/> State ID/Drivers License						United States					
<input type="checkbox"/> Passport No											
<input type="checkbox"/> Certification Number and Petition Number											
<input type="checkbox"/> Derived - Parent's Certification Number						United States					
<input type="checkbox"/> Alien Registration No						United States					
				Date of Entry				Port of Entry			

OTHER APPROVED IDENTITY SOURCE DOCUMENTS

<input type="checkbox"/>					
<input type="checkbox"/>					

20 WEIGHT (Pounds)		21 HEIGHT (Inches)		22 HAIR COLOR (Check one) <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald				23 EYE COLOR (Check one) <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown			
24 HOME ADDRESS (Include city, state, zip code)								HOME PHONE (Include Area Code)			
25 BASE SPONSOR'S NAME Lee Bell								SPONSOR PHONE (Include Area Code) 904-270-5228			

EMPLOYMENT ACTIVITY INFORMATION

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

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

WORK HOURS ☐ 0600-1800 ☐ 0800-1700 ☐ OTHER _____

WORK DAYS ☐ SN ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ ST

PRIOR FELONY CONVICTIONS

29 Have you ever been convicted of a Felony? ☐ YES ☐ NO _____ Initial

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

30 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

31 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 IDENTITY PROOFING and NCIC CHECK

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:	38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER 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 a 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.