

BASE ASSESS TRAINING

JANUARY 2024



PEARL HARBOR
AVIATION MUSEUM

WHY IS BASE ACCESS REQUIRED?

- **PEARL HARBOR AVIATION MUSEUM IS LOCATED ON FORD ISLAND. FORD ISLAND IS A PART OF JOINT BASE PEARL HARBOR HICKAM (JBPHH) AND IS AN ACTIVE MILITARY BASE.**
- **THERE ARE MILITARY ASSETS LOCATED ON FORD ISLAND AS WELL AS ACTIVE DUTY ENLISTED AND FLAG OFFICER HOUSING.**
- **ALL MILITARY BASES ARE OPERATING WITH TIGHTER SECURITY MEASURES. IDENTIFYING WHO WILL BE ON BASE AND WHY IS A CRUCIAL COMPONENT TO IT'S SECURITY.**

WHO NEEDS TO SUBMIT FOR BASE ACCESS?

- **ANYONE OVER THE AGE OF SIXTEEN (16) ATTENDING AN EVENT/PROVIDING SERVICES THAT BEGINS AFTER 5PM AND THOSE ATTENDING A DAYTIME EVENT/PROVIDING SERVICES WANTING TO DRIVE THEIR POV ONTO THE ISLAND**

(IF A PERSON HAS MILITARY ACTIVE DUTY, GUARD OR RETIRED ID CARD THEY NEED NOT APPLY FOR BASE ACCESS. THEY MAY ALSO SPONSOR AS UP TO 5 GUESTS RIDING IN THEIR VEHICLE WITH THEM.)

(IF PERSON HAS A DOD ID CARD THEY NEED NOT APPLY FOR BASE ACCESS. THIS TYPE OF CARD DOES NOT ALLOW FOR SPONSORSHIP, ANYONE ACCOMPANYING THEM MUST FILL OUT FOR GUEST ACCESS.)

- **ANY CONTRACTOR/VENDOR WHO IS HIRED TO PROVIDE SERVICES FOR PHAM OR IT'S CLIENTS**

(IF PERSON ALREADY HAS DIBIDS CARD THEY NEED NOT APPLY.)

RAPID GATE CARDS ARE NO LONGER ACCEPTED BY JBPHH

TYPES OF ACCESS

- **UNITED STATES CITIZEN GUEST ACCESS (PRIVATE/CONTRACTED EVENTS) *SHORT TERM**
- **FOREIGN NATIONAL GUEST ACCESS (PRIVATE/CONTRACTED EVENTS) *SHORT TERM**
- **STAFF/VOLUNTEER/CONTRACTOR/VENDOR ACCESS (LONG TERM)**

UNITED STATE CITIZEN ACCESS PG1

INCLUDES ANY AND ALL PERSONS WITH A UNITED STATES SOCIAL SECURITY NUMBER THAT WAS BORN IN THE USA.

MUST HAVE INFORMATION:

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. APPLICANT MUST PROVIDE SOCIAL SECURITY # AND STATE DRIVER LICENSE/ID #.

DEADLINE:

THIRTY (30) BUSINESS DAYS PRIOR TO EVENT DATE

CUJ (when filled in) OMB 0703-0001 05010204

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

PRIVACY ACT STATEMENT:
 AUTHORITY: 10 U.S.C. 115, Secretary of Defense, DoD Directive 1003.25, DoD Personnel Identity Protection (PIP) Program, DoD Instruction 5200.85, Security of DoD Installations and Resources and the DoD Physical Security Responder (PSR); DoD 5200.86, Physical Security Program, DoD Directive 5200.27, Acquisition and Information Clearinghouse Persons and Organizations Not Affected by the Department of Defense (Non-DoD); DoD Directive 5200.81, Information Policy Database for DoD Physical Access Control, DTM 14-008, DoD Identity Management Capabilities Enterprise Initiative Application (IDMSEA) Access to Personnel Crime Information Center (NCIC) Files, and 8 U.S.C. 1301 (SSA), as amended; COMNAVST 5033.14B, Navy Physical Security and Law Enforcement Program; Marine Corps Order 10053.1, Marine Corps Physical Security Program Manual; COMNAVSOP 10-2, Base and Access Control System Records and DMDC, 18, Identity Management Enterprise for Security and Analysis (IMSEA); MJD3030.defense.gov/Privacy/SSR/Health.

PURPOSE: To control physical access to Department of Defense (DoD), Department of the Navy (DoN) or U.S. Marine Corps installations with controlled information, regulations, 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 credible addresses and associated data processing information services for designated populations for purposes of protecting U.S. controlled governmental security areas of responsibility and information, to issue badges, replace lost badges, and retrieve passes upon separation, to maintain visitor statistics, collection information to adjudicate access to facility, and track the subject lines of personnel.

ROUTINE USE: To designate non-DoD, Federal agencies, and foreign governments for the purpose of granting many 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: _____ 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/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.
Alien Minimum Documentation Required:
 Registration Number, Expiration date, Date of entry, Port of entry.

13. IDENTITY SOURCE DOCUMENTS PRESENTED: Social Security No. State ID/Drivers License Passport No. Certification Number and Petition Number Devised - Parents Certification Number: _____ Alien Registration No. _____

14. DOCUMENT NUMBER: _____ 15. ISSUED BY STATE/COURT: _____ 16. ISSUED BY COUNTRY: _____ 17. ISSUED: _____ 18. EXPIRES: _____

Date of Entry: _____ Part 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 SPOKESPERSON NAME: _____ (include Base/Club ZIP Location Street Number, R# M#B#) 25. SPOKESPERSON PHONE (include Area Code): _____

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CUJ (when filled in) OMB 0703-0001 05010204

EMPLOYMENT ACTIVITY INFORMATION

26. 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 0600-1700 OTHER _____ WORK DAYS: S M T W TH F S

PREVIOUS FELONY CONVICTIONS

28. Have you ever been convicted of a Felony? YES NO (date) _____

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. _____ (date)

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 attempt 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 installation/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY 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: NO RECORDS RECORD IDENTIFIER _____ RECORD NUMBER: _____ 37. RESULTS OF LOCAL RECORDS CHECK: NO RECORDS 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, 2006. 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-DoD 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 disbarment list; and 3) not on a FBI National Crime Information Center (NCIC) felony watch and warrants list. Additionally, SECNAV Memo, Policy for Sea Officer Training and Assignment and Access Restrictions within the Department of the Navy, 07 Oct 08 and COMNAVST 1703.3 established the Navy's policy on sea officers, requiring Region Commanders (RECOMCOM) and Installation Commanding Officers (ICO) to prohibit sea officer 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 identify 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.

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CONTINUED...

UNITED STATE CITIZEN ACCESS PG2

- USE ONLY BLACK INK, TYPED IF POSSIBLE
- COMPLETELY FILL OUT ALL BLUE HIGHLIGHTED BOXES
- PLEASE BE SURE TO INCLUDED YOUR SSN AND EITHER A DRIVERS LICENSE NUMBER OR PASSPORT NUMBER
- IF YOU WERE BORN OUTSIDE OF THE UNITED STATES YOU MUST PROVIDE EITHER YOUR NATURALIZATION INFORMATION OR YOUR ALIEN REGISTRATION INFORMATION *BE SURE TO INCLUDE THE DATE OF ENTRY AND PORT OF ENTRY (IF THESE FIELDS ARE NOT COMPLETED YOUR APPLICATION WILL BE DENIED)
- DO NOT FILL OUT ANYTHING IN BOX 27 YOUR SPONSOR WILL TAKE CARE OF THIS AREA
 - BE SURE TO CHECK BOX 28 AND INITIAL
 - INITIAL BOX 29
 - SIGN DOCUMENT (BOX 30)
- ***ALL INITALS AND SIGNATURES MUST BE A REAL SIGNATURE AS THE NAVY DOES NOT ACCEPT DIGITAL SIGNATURES
 - ONCE COMPLETE SCAN AND EMAIL DOCUMENT TO YOUR ASSIGNED MUSEUM POINT OF CONTACT.

*****NOTE: THIS PROCESS CAN TAKE UP TO 30 BUSINESS DAYS. ONCE APPROVAL IS GIVEN YOUR MUSEUM POC WILL CONTACT YOU VIA EMAIL WITH INSTRUCTIONS**

FOREIGN NATIONAL GUEST ACCESS

INCLUDES ANY AND ALL PERSONS WITH CITIZENSHIP IN A FOREIGN COUNTRY WITHOUT A US SOCIAL SECURITY NUMBER OR THOSE BORN ABROAD REGARDLESS OF HAVING A SOCIAL SECURITY NUMBER.

MUST HAVE INFORMATION:

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. APPLICANT MUST PROVIDE THEIR PASSPORT # ALONG WITH EITHER THEIR CERTIFICATION/PETITION #, DERIVED PARENT'S CERTIFICATION OR ALIEN REGISTRATION # IF YOU ARE NOW A US CITIZEN BUT BORN ABROAD. MUST ALSO PROVIDE YOUR DATE OF ENTRY INTO THE US AND PORT OF ENTRY.

ONLY PASSPORT NUMBER REQUIRED FOR THOSE WHO ARE FOREIGN NATIONALS SEEKING A SHORT TERM PASS. FOREIGN NATIONALS DO NOT QUALIFY FOR DBIDS PROGRAM.

DEADLINE:

SIXTY (60) BUSINESS DAYS PRIOR TO EVENT DATE

CUI (when filled in) OMB 0703-0001 05/01/0034

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

PRIMARY ACT STATEMENT:
AUTHORITY: 10 U.S.C. 113, Secretary of Defense DoD Directive 1003.20, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 6003.03, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD Directive 5200.08, Physical Security Program; DoD Directive 5200.27, Acquisition of Information (Acquisition) Persons and Organizations and Affiliated With the Department of Defense (Acquisition Policy Manual); DoD Directive 5200.08-012, Information Protection for DoD Physical Access Control; DoD 10 000, DoD Security Management Capability (Risk) Services Application (DBSA) Access; FBI National Crime Information Center (NCIC) Files; and E.O. 13007 (2000), an amended EXECUTIVE ORDER 13033, 148, High Physical Security and Law Enforcement Program; Marine Corps Order (MCO) 15533.14, Marine Corps Physical Security Program Manual; SECDEF/ASST/12-2 Badge and Access Control System Records and CMAC; 18, Security Management Engine for Security and Analytics (MSBA); http://dod.defense.gov/policy/PSR/PSR.html

PURPOSE: To control physical access to Department of Defense (DoD), Department of the Navy (DoN) or U.S. Marine Corps installation/facility controlled information, installations, facilities, or areas over which DoD, DoN, or U.S. Marine Corps has security responsibilities by identifying or excluding an individual through the use of biometric databases and associated base processing/registration services for assigned responsibilities for activities of protection; 3. Controlled government/contractor security areas of responsibility and information; to issue badges, replace lost badges, and release passes upon separation; to maintain visitor rosters; collection/evaluation to adjust access to facility; and track the entry/exit times of personnel.

ROUTINE USERS: To designated contractors, Federal agencies, and foreign governments for the purpose of granting entry/off-site access to their facility.

EXCLUSIONS: 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:	
5. RACE (check one or check):		6. SEX (check one):		7. DATE OF BIRTH:		8. CITY OF BIRTH:	
AMERICAN INDIAN OR ALASKA NATIVE		MALE FEMALE					
ASIAN							
BLACK OR AFRICAN AMERICAN							
HISPANIC OR LATINO							
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER							
WHITE							
9. STATE:		10. STATE OF BIRTH:		11. BIRTH COUNTRY:			
11. US CITIZEN (check): YES NO		12. DUAL CITIZENSHIP: YES NO		13. 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, Person 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:	17. ISSUED:	18. 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 Person Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>					
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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):

24. HOME PHONE (include Area Code):

25. BASE SPONSOR'S NAME:

26. SPONSOR PHONE (include Area Code):

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CUI (when filled in) OMB 0703-0001 05/01/0034

EMPLOYMENT ACTIVITY INFORMATION

26. EMPLOYER NAME AND ADDRESS (include city/state/zip code):		EMPLOYER PHONE (include Area Code):	
28. 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 0600-1700 OTHER WORK DAYS: S N M T W TH F ST

29. Have you ever been convicted of a Felony? YES NO

REQUIREMENT TO RETURN LOCAL POPULATION ID CARD

20. 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. (date)

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 escape 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 the 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 installation/facilities under his/her jurisdiction.

BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING AND NCIC CHECK

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

35. NCIC CHECK PERFORMED BY:	36. RESULTS OF NCIC CHECK: NO RECORDS RECORD IDENTIFIER	37. RESULTS OF LOCAL RECORDS CHECK: 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 receiving 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 watch 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 COMNAVST 1752.3 established the Navy's policy on sex offenders, regarding Region Commanders (REGCOM) and Installation Commanding Officers (ICO) to prohibit sex offender access to DoN facilities and Navy owned, leased or PFW 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.

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STAFF/VOLUNTEER/VENDOR/CONTRACTOR ACCESS

INCLUDES ANY AND ALL CONTRACTORS/VENDORS

HIRED TO WORK AN EVENT

NOTES:

- IF CLIENT PROVIDES PHAM WITH A LIST OF ALL VENDORS HIRED TO SUPPORT NEEDS OF OPERATION/EVENT. PHAM STAFF WILL CONTACT EACH VENDOR AND WORKOUT THEIR ACCESS DIRECTLY WITH THEM
- EACH PERSON WILL BE REQUIRED TO COMPLETE THE JBPHH SECNAV 5512 DOCUMENT

DEADLINE:

NOTIFICATION TO PHAM – FOURTY FIVE (45) BUSINESS DAYS PRIOR TO EVENT DATE/START OF CONTRACT

VENDOR/CONTRACTOR DEADLINE TO PHAM – THIRTY (30) BUSINESS DAYS PRIOR TO EVENT DATE