

Agent Letter

1750
Ser N00/xxxx
Date

Agent Name
Agent address
City State, Zip Code

Dear Agent Name:

SUBJECT: AUTHORIZATION TO ACT AS AGENT FOR NAVY EXCHANGE, COMMISSARY, MORALE, WELFARE, AND RECREATION FACILITIES AND NAVAL HEALTH CLINIC OAK HARBOR VISITS FOR (NAME OF PERSON NEEDING AGENT)

You are authorized to act as an "Agent" for (person needing agent) whose address, phone number and signature follow:

- a. Address of person needing agent
- b. Phone number of person needing agent
- c. Signature of person needing agent _____

Per DoD Instruction 1330.17, you are authorized to purchase items for the individual named above and no other persons. You are required to provide satisfactory identification whenever presenting this letter to the Navy Exchange and Commissary facility. The officer in charge of these facilities will brief you on the special procedures to be followed when making purchases at the facility.

The Commanding Officer reserves the right to withdraw Exchange privileges from anyone who is found to have made purchases for the benefit of another who is not entitled to the privileges.

This authorization will remain in effect from now until **Date in future, up to 1 year** unless revoked or suspended.

Whenever multiple Navy Exchange and Commissary facilities exist in the local area, this letter of authorization may be recognized by all of those facilities.

To access Naval Air Station Whidbey Island for the purpose(s) stated above as well as picking up prescriptions and transporting the individual named above to medical appointments go to Building 2853, Visitor Control Center, between 0730 and 1530, Monday through Friday, to validate need for access and establish appropriate level of base access.

ADMIN PERSON
Admin person title
By direction of the Commanding Officer

Telephone of Agent: (360) 672-9380
Vehicle Info: Year/make/model/license number
Driver' License: State/DL number
Pass and ID initials/date: _____