**JOINT BASE PEARL HARBOR-HICKAM, HAWAII**

SPECIAL CONSIDERATION: HOME SERVICE PROVIDER CHECKLIST

SPONSOR MUST COMPLETELY FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM NUMBER** | **ITEM** | **SPONSORINITIALS** | **CLERKS INITIALS** |
| **#1** | **JB2 Form 0180 (Dated 01 May 2020)** |  |  |
| **#1A** | **From Block** (Physician/Provider's name and Address) |  |  |
| **#1B** | **Duration of Request** |  |  |
| **#1C** | **Days/Hours Required** |  |  |
| **#1D** | **Location** (Which Areas of Base e.g. Main Base, NCTAMS, Makalapa) |  |  |
| **#1E** | **Provider’s Information** |  |  |
| **#1F** | **Requestor** Name/Signature(Digital or Wet)/Date/Phone/Email (Same as visitor or company POC) |  |  |
| **#1G** | **Sponsor** Name/Signature(Digital or Wet)/Date/Phone/Email(Must be same as Sponsor listed on SECNAV Form 5512) |  |  |
| **#1H** | **Command** Name/Signature (Digital or Wet)/Date/Phone/Email**Required for All Applications over 30 days** |  |  |
| **#2** | **Letter of Justification**Physician’s or Provider’s Justification Letter: (if applicable)* Must be on medical facility/provider’s employer’s official letterhead
* Must have physician’s wet/digital signature
* Medical license number is recommended but not required
 |  |  |
| **#3** | **Copy of Service Provider's Driver's License***(Front/Back scanned copy only; printed pictures/unreadable copies are invalid)* |  |  |
| **#4** | **Copy of Sponsor’s CAC/Military ID** |  |  |
| **#5** | **Copy of Dependent’s ID/Child’s ID card or Birth Certificate***(Front/Back scanned copy only; printed pictures/unreadable copies are invalid)* |  |  |
| **#6** | **SECNAV 5512-1 (Dated May 2021)** |  |  |
| **NOTE: Home Service Provider are classified as, but not limited to** Medical Providers, Tutors, and Personal Instructors who requires long term access to perform their assigned services at a residence located on the installation under jurisdiction control of JBPHH. **This DOES NOT include** housing area located outside of JBPHH physical fence lines. **Additionally, this DOES NOT include** delivery or one time services such as cable provider; store delivery service, or special function services.\*Pass & ID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.\* | **GREEN****BOOK** |

BELOW LISTED INFORMATION IS FOR PASS & ID (PID) USE ONLY

1. **REQUEST RECEIVED BY - Rank & Name (Last, First): / Date:**
2. **PID CLERK SYSTEM VERIFICATION Clerk Initials**

|  |  |
| --- | --- |
| **National Crime Information Center (NCIC) Background & Sex Offender Registry (SOR) Check:** |  |
| **Barment Check:** |  |
| **PID Clerk Name (Last, First): Date:** |

1. **NCOIC Review:**

(Rank/Name) / Date

Recommend: Approved / Disapproved

1. **JB21/Superintendent Review:**

(Rank/Name) / Date

Recommend: Approved / Disapproved

1. **JB2 Approval/Disapproval:**

(Rank/Name) / Date Recommend: Approved / Disapproved

Signature:

Comments:

**Checklist Current as of 06 Aug 2021 (all others obsolete/invalid)**

\*\*\*Privacy Act of 1974 as Amended Applies - This Document May Contain "For Official Use Only" (FOUO) and/or Privacy Act Information Which Must Be Protected IAW DOD 5400.11R.\*\*\*