

REQUIRED TDY AGENT PRIVILEGE LETTER CHECKLIST

SPONSOR MUST COMPLETELY FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN

<u>ITEM</u> NUMBER	ITEM	<u>SPONSOR</u> INITIALS	<u>CLERK</u> INITIALS
#1	Agent Privilege Letter Application		
	(For NEX/Commissary OFF BASE only)		
	(Does not allow base access or pharmacy access)		
#1A	Sponsor's Information (Military Member's Information)		
#1B	Agent's Information (Family Member or Care Giver)		
#2	Copy of TDY Orders <u>OR</u> Command-Endorsed letter for individuals on TDY		
	status 250 days or more per year		
#3	Justification Letter		
	(i.e. In Loco Parentis Power Of Attorney, Proof of enrollment in CDC)		
#4	Copy of Sponsor's ID Card		
	Front/Back scanned copy only; printed pictures/unreadable copies are invalid)		
#5	Copy of Agent's ID Card or State Issued ID		
	Front/Back scanned copy only; printed pictures/unreadable copies are invalid)		
#6	Copy of Children's ID Card (Front and Back) OR Copy of Birth Certificate		
#7	SECNAV Form 5512-1 (Dated May 2021)		
NOTE ADDIT	IONAL SUPPORTING DOCUMENTS MAY BE REQUIRED DEPENDING ON THE NATURE OF	THE REQUEST	
PID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.			

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

1. REQUEST RECEIVED BY - Rank & Name (Last, First):_____/ Date:_____/

2. PID CLERK SYSTEM VERIFICATION							
National Crime Information Center (NCIC)							
Background & Sex Offender Registr	y (SOR) Check:						
Barment Check:							
PID Clerk Name (Last, First):		Date:					
3. NCOIC Review:							
(Rank/Name)	/ Date	Recommend: Approve	ed / Disapproved				
4. JB25/Superintendent Review:							
(Rank/Name)	/ Date	Recommend: Approve	ed / Disapproved				

5. JB2 Approval/Disapproval:

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

Signature: _____

Comments: _____

Checklist Current as of 24 Oct 2024 (all others obsolete/invalid)