



JOINT BASE PEARL HARBOR-HICKAM, HAWAII

REQUIRED SPECIAL CONSIDERATION CHECKLIST

SPONSOR MUST COMPLETELY FILL OUT BELOW CHECKLIST PRIOR TO TURNING IN

<u>ITEM NUMBER</u>	<u>ITEM</u>	<u>SPONSOR INITIALS</u>	<u>CLERK INITIALS</u>
#1	JB2 Form 0180 (Dated 06 Aug 2021)		
#1A	From Block (Sponsor Name and Address)		
#1B	Location (Which Areas of Base e.g. Main Base, NCTAMS, Makalapa)		
#1C	Badge Expiration Date (Expiration date on sponsors ID)		
#1D	Days/Hours (Specify the days and hours needed to gain access)		
#1E	Justification (i.e Mission Impact/Family Hardship) Justification Memo must be submitted separately		
#1F	Visitor Information		
#1G	Requestor Name/Signature(Digital or Wet)/Date/Phone/Email (Same as visitor or company POC)		
#1H	Sponsor Name/Signature(Digital or Wet)/Date/Phone/Email (Must be same as Sponsor listed on SECNAV Form 5512-1)		
#1I	Command Name/Signature (Digital or Wet)/Date/Phone #/Email Required for <i>ALL applications over 30 days</i>		
#2	Letter of Justification (Ex: Mission Impact/Family Hardship)		
#3	Copy of Sponsor's CAC (Front/Back scanned copy only; printed pictures/unreadable copies are invalid)		
#4	Copy of Visitor's Driver's License or State Issued ID (Front/Back scanned copy only; printed pictures/unreadable copies are invalid)		
#5	Copy of TDY Orders or Command Endorsed Frequent Deployment Letter (if applicable)		
#6	Copy of Children's ID or Birth certificate (Front and Back) (if applicable)		
#7	Other Documents (i.e. Divorce Decree, Family Care Plan, In Loco Parentis Power Of Attorney, Proof of enrollment in CDC) Physician/Provider Justification Letter: (if applicable) - Physician/Provider letter must be on medical facility/employer official letterhead - Must have physician's wet/digital signature - Medical license number is recommended but not required		
#8	SECNAV Form 5512-1 (Dated 31 JUL 2025)		
PID personnel reserve the right to ask for further information from requester/sponsor to determine fitness of request.			☐ GREEN BOOK

Checklist Current as of 25 AUG 2025 (all others obsolete/invalid)

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INFORMATION LISTED BELOW IS FOR PASS & ID USE ONLY

1. Received By (Rank/First Last): _____ / **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:

3. Pass & ID NCOIC (Rank/First Last): _____ / **Date** _____

Recommend: Approval / Disapproval

Comments: _____

4. Pass & ID LCPO (Rank/First Last): _____ / **Date** _____

Recommend: Approval / Disapproval

Comments: _____

5. Section Chief (Rank/First Last): _____ / **Date** _____

Recommend: Approval / Disapproval

Comments: _____

6. Superintendent (Rank/First Last): _____ / **Date** _____

Recommend: Approval / Disapproval

Comments: _____

7. JB2 CC Review: (Rank/First & Last Name): _____ / **Date** _____

Recommend: Approval / Disapproval

Comments: _____
