



**DEPARTMENT OF DEFENSE
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	SPONSOR INITIALS	CLERKS INITIALS
#1	JB2 Form 0180 (Dated 06 Aug 2021)		
#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 (31 JUL 2027)		
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

Checklist Current as of 25 AUG 25 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: _____

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