

# These Instructions are for events or visits arranged by the Office of Recruitment and Admissions ONLY!!

## READ INSTRUCTIONS THOROUGHLY TO INSURE BASE ACCESS

**ALL** visitors 18 and older must submit a Base Access form unless you meet at least one of the following requirements:

- You have current DoD CAC or DoD TESLIN\*
- You are arriving with a Naval Support Activity Bethesda employee (USU, WRNMMC, AFFRI)
- You are arriving with of a USU medical student
- You are accompanied by a guest that has a current DoD CAC or DoD TESLIN\*
- You are under 18 years old (name must be submitted)

\***DoD TESLIN** = military retiree ID, military dependent ID, military reservist ID, etc.

If you will not be submitting a form, you must notify the following:

- For a SOM Interview or Second Look – Ms. Baker – larhonda.baker@usuhs.edu
- For an Open House – Dr. Auslander – secnav.recruitment@usuhs.edu
- Other meetings or tours – Your Sponsor\*\*

Do not submit your base access form to the addresses above. See below and the "Submitting your Base Access Form Instructions" for the correct email address.

Base access forms cannot be dated or submitted more than 30 days before your visit. Forms must be submitted by the following deadlines:

- SOM Interview – Ms. Baker at least three weeks before your interview – larhonda.baker@usuhs.**MIL**  
or Second Look
- Open House – Dr. Auslander at least three weeks before the Open House – secnav.recruitment@usuhs.**MIL**
- Meetings or tours – your Sponsor\*\* at least two weeks before your visit or as otherwise directed – contact Sponsor

\*\***Sponsor** = Admissions staff that arranged your visit.

**FOR INTERVIEWEES:** If you do not have a DoD CAC or TESLIN and you are not bringing a guest, it is highly recommended that you utilize the HOST PROGRAM.

The SEVNAV Base Access Form is a type ready, fill-in form. The form must be filled out electronically, with the with the exception of your initials (Blocks 29 & 30) and the date and your signature (Block 31).

The Base Access Form must be submitted as one (two pages) PDF file. Images (jpg, gif, png, etc.) will NOT be accepted. Do not submit photographs of your form. It will not be accepted even if in a PDF file.

Base access forms must be submitted individually, using the format **lastname, firstname.pdf** (ex. smith, john.pdf) when naming the file. The extension (.pdf) will automatically change when the file is encrypted. Use "**Base Access – Event Title: Event Date**" (examples: Base Access – Interview Date: 10 September, Base Access - Open House: 11 December, etc) as the Subject of the email.

Your Form WILL NOT be accepted if it is:

1. not initialed in Blocks 29 AND Block 30
2. not signed
3. not saved as PDF file. No images accepted
4. not named correctly – lastname, firstname.pdf (space must be between comma and first name.)
5. not name using the format above.
6. a photograph.
7. not one (two pages) file.

**REVIEW YOUR SCANNED DOCUMENT before emailing. Forms MUST be print ready. Forms will not be accepted if:**

1. the pages are not in the correct order
2. the pages are not rotated correctly (Orientation MUST be portrait and NOT landscape)
3. the scan is too light or too dark
4. any of the edges are cut off (form must have at least .5 inch white border)
5. the pages are not straight

**Do NOT send copies of your IDs. (See Block 19 NOTE for exception.)**

**DO NOT Scan and Submit This Page.**

Unless otherwise indicated, the following fields of the SEVNAV 5512 Form **MUST** be filled in or your form will be rejected. **Where required, make sure every box is checked for each field where information is entered:**

- Block 1: Enter the Last Name.
- Block 2: Enter the First Name.
- Block 3: Enter the Middle Name. (Leave blank if not applicable.)
- Block 4: If applicable, check the box for Name Suffix.
- Block 5: Check the applicable box for Hispanic or Latino.
- Block 6: Check the applicable box for Race.
- Block 7: Check the applicable box for Gender.
- Block 8: Enter Date of Birth.
- Block 9: Enter City of Birth.
- Block 10: Enter State of Birth.
- Block 11: Enter Country of Birth.
- Block 12: Check the applicable box for US Citizenship.
- Block 13: If not a US Citizen, enter the name of the Country of Citizenship.
- Block 14: **TWO** forms of identity source documents from the list must be filled in.
- Block 15: **Enter the Document Numbers located on the Identity Proofing Source document that were checked in Block 14.**
- Block 16: **Enter the State that issued the Identity Source Document.**
- Block 17: **Enter the Country that issued the Identity Source Document.**
- Block 18: **Enter the Date that the Identity Source Document was issued.**
- Block 19: **Enter the Date that the Identity Source Document will expire.**  
**NOTE:** Excluding SSN, you will need to provide proof (scanned IDs or documents) for any IDs that **DO NOT** have any expiration date, where one is required. Do not use any IDs with no expiration date as an ID source if you are unable to provide proof.
- Block 20: Enter Weight in pounds.
- Block 21: Enter Height in inches.
- Block 22: Check the applicable box for Hair Color.
- Block 23: Check the applicable box for Eye Color.
- Block 24: **Delete all prefilled information.** Enter Home Address Including City, State, Zip Code, and Telephone Number. A phone number **MUST** be provided. If no home number, use your cell phone number.
- Block 25: Other than the events listed below, the sponsor will be the person who organized your visit. Contact that person for their telephone number:

<b>Event</b>	<b>Sponsor Name</b>	<b>Sponsor Telephone Number</b>
Open House	Margeaux Auslander	301 295-1452
SOM Interview and Second Look	Joan Stearman	301 295-3101
- Block 26: **Delete all prefilled information.** Enter Employer Name and complete address (**Street, City, State, Zip Code**), and Employer's Telephone Number. **OR**  
If not Employed enter: **N/A**.
- Block 27: **Delete all prefilled information.** Enter Supervisor's Name and complete **WORK** address (**Street, City, State, Zip Code**) and Supervisor's **WORK** Telephone Number. **OR**  
If not Employed enter: **N/A**.
- Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days.  
If not Employed check **OTHER** and enter: **N/A**
- Block 29: Check the applicable answer if you have or have not been convicted of Felony

## **PRINT FORM NOW.**

- Block 29: Initial form. Form will be rejected if not initialed.
- Block 30: Initial form. Form will be rejected if not initialed.
- Block 31: Sign and date the form. Electronic signatures **NOT** accepted. Form must be printed, signed and scanned if returning by email. Forms cannot be dated more than 30 days before your visit.

For security purposes, base access forms must be submitted through the Safe Excess File Exchange (SAFE) at through the (<https://safe.amrdec.army.mil/SAFE/Welcome.aspx> website. Forms must be submitted using the **.mil** extension, replacing **.edu**. See Submitting your Base Access Form for detailed instructions.

**DO NOT Scan and Submit This Page**

**DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION**

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN [NM05512-2](#).  
**PURPOSE(S):** To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.  
**ROUTINE USE(S):** To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.  
**DISCLOSURE:** Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

**IDENTITY PROOFING AND APPLICANT INFORMATION**

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:		9. CITY OF BIRTH:		10. STATE OF BIRTH:	
12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country) :					

**U.S. Citizen Minimum Documentation Required:**

By Birth - Social Security No and/or State ID/Drivers License.  
 Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License.  
 Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.

**Alien Minimum Documentation Required:**

Registration Number, Expiration date, Date of entry, Port of entry.

14. IDENTITY SOURCE DOCUMENTS PRESENTED:	15. DOCUMENT NUMBER:	16. ISSUED BY STATE/COURT:	17. ISSUED BY COUNTRY:	18. ISSUED:	19. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		
		Date of Entry:		Port of Entry:	

**OTHER APPROVED IDENTITY SOURCE DOCUMENTS:**

<input type="checkbox"/>					
<input type="checkbox"/>					

20. WEIGHT (Pounds):		21. HEIGHT (Inches):		22. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald				23. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown			
24. HOME ADDRESS (Include city, state, zip code):						HOME PHONE (Include Area Code):					
25. BASE SPONSOR'S NAME:						SPONSOR PHONE (Include Area Code):					

**EMPLOYMENT ACTIVITY INFORMATION**

26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):						EMPLOYER PHONE (Include Area Code):					
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):						SUPERVISOR PHONE (Include Area Code):					

28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:

WORK HOURS:  0600-1800  0800-1700  OTHER \_\_\_\_\_ WORK DAYS:  SN  M  T  W  TH  F  ST

**PRIOR FELONY CONVICTIONS**

29. Have you ever been convicted of a Felony?  YES  NO \_\_\_\_\_ *Initial*

**REQUIREMENT TO RETURN LOCAL POPULATION ID CARD**

30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. \_\_\_\_\_ (*initial*)

**AUTHORIZATION AND RELEASE AND CERTIFICATION**

31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.

**BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK**

32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
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36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:	38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:
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Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on an DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.