New Renewal Navy Region Hawaii					
PMRF MWR Guest Card Application					
Aloha! Please complete and turn in both MWR Application and SECNAV 5512 to PMRF Pass & ID Office at the Main Gate located at the 30 mile marker on Highway 50, or mail it to PMRF MWR Guest Cards, PO Box 128, Kekaha Hi 96752. Background checks are processed by PMRF Base Security and take 3 to 4 weeks. Once cleared we will contact you to schedule an appointment to process your card. Valid registration, safety check and insurance (or Rental Car Agreement) along with the ID that was used on the SECNAV 5512 will be required at Pass & ID office day of appointment. ID required by MWR will be proof of citizenship- Passport or original Birth Certificate & State ID/Driver's License. \$25 fee is collected at time of appointment. **Applicant must be a Citizen of the United States**					
APPLICANT INFORMATION					
FIRST MIDDLE LAST NAME			SSN:		DATE OF BIRTH:
ADDRESS:		CITY:		STATE:	ZIP CODE:
TELEPHONE ()	EPHONE NUMBER: CELL PHONE NUMBER: ()		E MAIL ADDRE	E MAIL ADDRESS:	
DRIVERS LIC	ENSE NUMBER:			U.S. CITIZEN: (must be a US Citiz	YES NO zen)
APPLICANT'S STATEMENT AND SIGNATURE					
I AGREE TO OBEY ALL RULES AND REGULATIONS OF NAVY REGION HAWAII. AS A CONDITION OF ENTRY, I CONSENT TO ANY INSPECTION AND SEARCH OF MY PERSON, PROPERTY OR VEHICLE. I ASSUME ALL RISKS FOR PERSONAL LOSS, DAMAGE OR INJURY OF ANY NATURE TO MYSELF OR U.S. GOVERNMENT PROPERTY WHILE ON BASE. I UNDERSTAND THIS PASS IS FOR MY PERSONAL USE AND CANNOT BE TRANSFERRED, NOR AUTHORIZES SPONSORSHIP. I MAY SPONSOR MY OWN CHILDREN UNDER THE AGE OF 18. I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES OF AMERICA. I HEREBY AUTHORIZE AND CONSENT TO THE RELEASE OF INFORMATION AND RECORDS BEARING ON MY PERSONAL HISTORY, ARREST AND CONVICTIONS, IF ANY. PRIVACY ACT STATEMENT: This record contains personal information concerning the civilian personnel who may be granted access to a Government installation for the purposes of using Morale, Welfare and Recreation facilities. Authority to obtain, use and disclose information is governed by 5 U.S.C. ss. 552.A and SECNAVINST 5211.5D. Disclosure of this information is "voluntary" however, failure to provide the requested information could result in denial of access authority. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT					
APPLICANT SIGNATURE:			DATE:	DATE:	
For MWR office use only: SECNAV received and complete (w/MWR Application) Cleared for Unescorted access (Security) Appt Date: Time:					