

MUST BE A U.S. CITIZEN TO APPLY

Office use only: RecTrac/HSI Receipt #: _____

PUBLIC PARTNERS PROGRAM APPLICATION FORM		
<p>Attach copies of Vehicle Registration, Vehicle Safety, Hawaii No Fault Insurance, Driver's License, and a \$10 processing fee. Please allow 4-6 weeks for processing.</p>		
<p>Request the following "Public Partners Program" be authorized an Installation Access Pass. The duration of this PPP Installation Pass is for a maximum of one year from date of approval. This PPP access pass is for this applicant ONLY. This PPP pass is offered as a privilege and allows you access to: K-Bay Lanes, Klipper Golf Course, and the Officers' Club ONLY. If you are found anywhere on base other than these approved MCCS facilities, your privileges and access to the base will be revoked immediately. A \$10 processing fee is required (effective May 2013).</p>		
<p>MCCS Facility Participation (please mark one)</p> <p> <input type="checkbox"/> Klipper Golf Course <input type="checkbox"/> K-Bay Lanes <input type="checkbox"/> Officers' Club </p>		
Name of MCCS Manager/Supervisor/Sponsor	Rank/Title	Name of Activity
Signature	Date	Phone Number
<p><i>MCCS ACTIVITY IS RESPONSIBLE FOR ALL THE ACTIONS OF THE PUBLIC PARTNERS PROGRAM PASS HOLDER WHILE ONBOARD MARINE CORPS BASE HAWAII, KANEOHE BAY.</i></p>		
Guest Information		
Name of Sponsored Guest (Last, First MI)		HL DL or SSN
DOB, Height, Weight, Hair Color, Eye Color		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Include City, State, Zip)		
Home Phone	Cell Phone	Email Address May we use your email address to contact you for information and to update you on current events and volunteer opportunities? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Vehicle Information		
Vehicle Make, Model, Color		VIN #
Vehicle State Registration # (License Plate Number)		Driver's License (State, Number, Expiration)
Hawaii No Fault Insurance Carrier and Policy Number		
<p>ACKNOWLEDGEMENT This pass is not transferrable and authorized to access Marine Corps Base Hawaii only. The applicant agrees to comply with Federal/DOD guidelines and to consent to a local records check. Acknowledgement of this form provides Marine Corps Base Hawaii permission to conduct a routine background check on the applicant. I certify that the information on this form is true and accurate to the best of my knowledge. If the vehicle pass and identification card is lost or stolen, I will immediately report it to the Military Police Department 257-2047.</p>		
<p>PRIVACY ACT INFORMATION Authority> Title 10, United States Code, Section 2012: Purpose: The purpose for requesting personal information is to verify identification of the applicant and to assist civilian access on to Marine Corps Base Hawaii, Kaneohe Bay. Routine Use: Information provided may be used to determine eligibility of applicants desiring access to Marine Corps Base Hawaii as well as for other lawful purposes including law enforcement and litigation. For other official purposes, information on this form may be provided to other law enforcement agencies. Disclosure: Submitting requested information is voluntary, however, failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the access pass.</p>		
<p>STATEMENT OF UNDERSTANDING: By signing this pass application, I agree to the terms and conditions stated herein and will abide by Marine Corps regulations while on Marine Corps Base Hawaii. Furthermore, I agree that I am in good standing with the United State Marine Corps and have never been banned from any military installation.</p>		
SIGNATURE: _____		DATE: _____
<p>*****OFFICIAL USE ONLY*****</p> <p>Military Police Department Records Check</p>		
Rank/Name	Signature	Date
Approved by MCCS		
Rank/Name	Signature	Date

Pass Number: _____