

"FRIENDS OF K-BAY APPLICATION FORM"

Revised: April 2013

Attach Copies of Vehicle Registration, Vehicle Safety, Hawaii No Fault insurance, Driver's License, and \$10 processing fee.

Request the following "Friends of K-Bay" be authorized an Installation Access Pass.
 The duration of this FOKB Installation Access Pass is for a maximum of one year from date of approval.
 This FOKB access pass is for this applicant ONLY. A \$10 processing fee is required (effective 1 May 2013).

MCCS Facility Participation (Please mark one):

Klipper Golf Course **K-Bay Lanes** **Officers' Club**

Name of MCCS Manager/Supervisor/Sponsor	Rank/Title	Name of Activity
Signature	Date	Phone number

MCCS ACTIVITY IS RESPONSIBLE FOR ALL THE ACTIONS OF THE FRIENDS OF K-BAY PASS HOLDER WHILE ONBOARD MARINE CORPS BASE HAWAII, KANEOHE BAY

Guest Information

Name of Sponsored Guest (Last, First MI)	HI DL # OR SSN
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Date of Birth, Height, Weight, Color Hair, Color Eyes / / / /	Address (Include City, State and Zip Code)
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Home Phone	Cell Phone
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<p>Signature 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 States Marine Corps and have never been banned from any military installation.</p> <p>SIGNATURE: _____ DATE: _____</p>	<p>Email Address May we use your email address to contact you for information and to update you on current events and volunteer opportunities?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO Email: _____</p>
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Vehicle make Model Color / /	Vehicle VIN #
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Vehicle State registration # (License Plate number)	Drivers License: State, Number, Expiration
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Hawaii No Fault Insurance Carrier and Policy Number:

Military Police Department Records Check

Rank/Name	Date	Signature
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Approved by MCCS

Rank/Name	Date	Signature
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ACKNOWLEDGEMENT
 This access pass is not transferable and authorized access to 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.

PRIVACY ACT INFORMATION
 Authority> Title 10, United States Code, Section 2012
 Principal 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, Kaneohe Bay 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.

Official Use Only:

Date Rec'd & Paid For _____ Front Gate Drop-off _____ Front Gate Pick-Up: _____
 Date Rec'd F&H Office _____ Date Mailed _____ Expiration Date _____

Pass Number: _____

Office Use Only: RecTrac/HSI Receipt # _____

Official Use Only:

Date Rec'd & Paid For _____ Front Gate Drop-off _____ Front Gate Pick-Up: _____

Date Rec'd F&H Office _____ Date Mailed _____ Expiration Date _____

Pass Number: _____