

SECNAV5512/1 の記入例

1 ページ目

CUI (when filled in) OMB 0703-0061 05/31/2024

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

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 5200.08-R, Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos); Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files; and E.O. 9397 (SSN), as amended; OPNAVINST 5530.14E, Navy Physical Security and Law Enforcement Program; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual; SORN NM05512-2 Badge and Access Control System Records and DMDC 16, Identity Management Engine for Security and Analysis (IMESA); <http://dpcld.defense.gov/Privacy/SORNs/index>

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:
SASEBO

2. FIRST NAME:
ICHIRO

3. MIDDLE NAME:
NONE

4. NAME SUFFIX:
☐ Jr. ☐ Sr. ☐ I ☐ II ☐ III ☐ IV

5. RACE
(Check one or more):
☐ AMERICAN INDIAN or ALASKA NATIVE ☒ ASIAN ☐ BLACK or AFRICAN AMERICAN ☐ HISPANIC OR LATINO ☐ NATIVE HAWAIIAN ☐ OR OTHER PACIFIC ISLANDER ☐ WHITE

6. GENDER
(Check one):
☒ MALE ☐ FEMALE

7. DATE OF BIRTH:
10 May 1964

8. CITY OF BIRTH:
SASEBO

9. STATE OF BIRTH:
NAGASAKI

10. BIRTH COUNTRY:
JAPAN

11. US CITIZEN (Check): ☐ YES ☒ NO

12. DUAL CITIZENSHIP: ☐ YES ☒ NO
CITIZENSHIP IF OTHER THAN US (Country): JAPAN

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.

13. IDENTITY SOURCE DOCUMENTS PRESENTED:

☐ Social Security No.

☐ State ID/Drivers License

☐ Passport No.

☐ Certification Number and Petition Number

☐ Derived - Parent's Certification Number:

☐ Alien Registration No.

14. DOCUMENT NUMBER:

15. ISSUED BY STATE/COURT:

16. ISSUED BY COUNTRY:
United States

17. ISSUED:

18. EXPIRES:

Date of Entry:

Port of Entry:

OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

☒

D/L (JP)-123456789012

NAGASAKI

JAPAN

04 Apr 2022

15 Apr 2025

☒

Resident Certificate

SASEBO

JAPAN

01 Apr 2022

NONE

19. WEIGHT
(Pounds):
152

20. HEIGHT
(Inches):
70

21. HAIR COLOR (Check one):
☐ Blond ☐ Brown ☒ Black ☐ Gray ☐ Red
☐ White ☐ Silver ☐ Auburn ☐ Bald

22. EYE COLOR (Check one):
☒ Brown ☐ Green ☐ Blue ☐ Hazel
☐ Black ☐ Gray ☐ Violet ☐ Unknown

23. HOME ADDRESS (Include city, state, zip code):
175-S TABARU, YOSHII-CHO, SASEBO CITY, 857-XXXX

HOME PHONE (Include Area Code):
0956-01-XXXX

24. BASE SPONSOR'S NAME:
JAMES J. JOHNSON, LT, USN/NAVFAC FE PWD SASEBO

SPONSOR PHONE (Include Area Code):
0956-50-XXXX

	項目	注意点等
1	姓	苗字
2	名	下の名前
3	ミドルネーム	なければ省略可
4	称号	なければ省略可
5	人種	日本人の場合 ” ASIAN” にチェックを入れて下さい
6	性別	
7	生年月日	
8	出生都市名	
9	出生県名	
10	出生国	
11	米国籍ですか？	Yes no にチェックを入れて下さい
12	二重国籍ですか	その場合、アメリカ以外の国名を入力して下さい。

13～18 添付する証明物の情報
※ 記入例を参考に入力して下さい。

アメリカの社会保障番号をお持ちでしたら入力して下さい。（その場合パスポートのコピーの添付が必要です。）

パスポートの情報

運転免許証、マイナンバーカードの情報
住民票の情報

19	体重	ポンド表記
20	身長	インチ表記
21	髪の色	該当する項目にチェック
22	目の色	該当する項目にチェック
23	ご本人の住所、郵便番号、電話番号	携帯電話可
24	スポンサー部隊と氏名、連絡先	ベースの契約部隊名とスポンサーの個人名、電話番号

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EMPLOYMENT ACTIVITY INFORMATION	
25. EMPLOYER NAME AND ADDRESS (include city/state/zip code): SASEBO ZOSEN KOOYO / 1 HOTOKE-CHO, SASEBO CITY/857-XXXX	EMPLOYER PHONE (include Area Code): 090-XXXX-XXXX
26. SUPERVISOR NAME AND ADDRESS (include city/state/zip code): BEIGUN, ICHIRO/XX-XX MATSURA-CHO, SASEBO CITY/857-XXXX	SUPERVISOR PHONE (include Area Code): 0956-22-XXXX
27. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable box for WORK DAYS:	
WORK HOURS: <input type="checkbox"/> 0600-1800 <input checked="" type="checkbox"/> 0800-1700 <input type="checkbox"/> OTHER WORK DAYS: <input type="checkbox"/> SN <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> ST	
PRIOR FELONY CONVICTIONS	
28. Have you ever been convicted of a Felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>Initial</i>	
REQUIREMENT TO RETURN LOCAL POPULATION ID CARD	
29. 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. <i>Initial</i>	
AUTHORIZATION AND RELEASE AND CERTIFICATION	
30. 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 <i>1 Apr 25</i> SIGNATURE <i>Ichiro Sasebo</i> * 漢字と英語を直筆	
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	
31. INFORMATION VERIFIED BY:	32. ENTERED IN C/S SYSTEM BY:
33. PASS ISSUE DATE:	34. PASS EXPIRATION DATE:
35. NCIC CHECK PERFORMED BY:	36. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:
37. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER:	
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 a 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 09 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.	

SECNAV 5512/1 (MAY 2021) CUI (when filled in) Controlled By: DOD
CUI Category: PRIVACY
LIC: REGCOM
POC: Registry Manager, registry.manager@navy.mil, 202-433-4281 Page 2 of 3

25	会社名とその住所、郵便番号、電話番号	基地に立ち入るパスを申請している会社の情報
26	上司の氏名とその住所、郵便番号、電話番号	氏名と住所、電話番号を記入して下さい。
27	勤務時間の情報	適宜入力して下さい
28	(米国内で) 過去に有罪判決を受けたことがありますか？	該当する項目にチェック ※必ず手書きでイニシャルして下さい。
29	パスが不要になった場合の返却義務の確認	※必ず手書きでイニシャルして下さい。
30	確認のサイン： 「本フォームに記入した情報の確認や審査のために、国防総省（DOD）や海軍省（DON）を含む連邦機関が必要な情報を取得することを許可する署名です。また、虚偽の記載があった場合、法的処罰（罰金や最長5年の禁錮）を受ける可能性があり、施設への立ち入りが拒否されることがあります。」	日付とサインを手書きでして下さい。

項目 1 ～ 30 までを入力し、項目 28, 29 にイニシャル（手書き）項目 30 にサインをした日付とサインを記入したら、項目 13 ～ 18 の証明物の情報に記入した裏付けとなる証明物のコピーを添えてご提出ください。