



MAYPORT NAVAL STATION MWR GUEST CARD APPLICATION

Please mail your completed application to Naval Station Mayport MWR P.O. Box 280048 Jacksonville, FL 32228. We will process your application, conduct a local background check and telephone you in a few days to set up an appointment. Thank you for your support of Morale, Welfare and Recreation! If you need any additional information, please contact MWR at (904) 270-5228.

APPLICANT INFORMATION

Name:	SSN:
Address:	
Phone:	DOB:
Driver's License State & No.:	

VEHICLE INFORMATION

Make:	Model:	Year:	Color:
Tag #:		State:	
Insurance Co.:		Policy No.:	

~ FOR MWR USE ONLY ~ MWR VERIFIER ENSURES THAT ALL INFORMATION PROVIDED IS CORRECT.

Signature of MWR Verifier:	Date:
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APPLICANT'S STATEMENT & SIGNATURE

I agree to obey all rules and regulations of Naval Station Mayport. As a condition of entry, I consent to any inspection and search of my person, property or vehicle. I am aware of and will comply with the rules prohibiting the introduction of liquor, drugs or any type of weapon onto Naval Station Mayport. I assume all risks for personal loss, damage or injury of any nature to myself or U.S. Government property while on the base. I understand this pass is for my personal use and cannot be transferred. No guests authorized. I acknowledge a local agency check with be performed.

PRIVACY ACT STATEMENT: This record contains personal information concerning civilian personnel who may be granted access to a government installation for the purpose of using Morale, Welfare and Recreation facilities. Authority to obtain, use and disclose this 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:
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~ FOR MWR USE ONLY ~

<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL	MWR OFFICIAL SIGNATURE:	DATE:
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Local area files check was performed and revealed adverse or derogatory information.	<input type="checkbox"/> DID	<input type="checkbox"/> DID NOT	INITIALS:	DATE:
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