READ INSTRUCTIONS THOROUGHLY TO ENSURE BASE ACCESS

-Visitors ages 18 and older who do not possess a current DOD CAC must submit a SECNAV 5512/1 form.

-Forms are valid for 90 days from the date they are vetted by Visitor Control.

Forms Will NOT be accepted if:

1. **Blocks 28 and 29 are not initialed**
2. **Not signed**
3. **The SSN is left blank for US citizens or permanent residents (NRL requirement)**
4. **Forms are emailed directly to Visitor Control unencrypted**

Unless otherwise indicated, the following fields of the SECNAV 5512 form MUST be filled in:

Block 1: Enter the Last Name.
Block 2: Enter the First Name.
Block 3: If applicable, enter the Middle Name.
Block 4: If applicable, check the box for Name Suffix.
Block 5: Check the applicable box for Race.
Block 6: Check the applicable box for Gender.
Block 7: Enter Date of Birth.
Block 8: Enter City of Birth.
Block 9: Enter State of Birth.
Block 10: Enter Country of Birth.
Block 11: Check the applicable box for US Citizenship.
Block 12: Enter the name of the Country of Citizenship if citizen of another country.
Block 13: TWO forms of identity source documents from the list must be filled in.
-SSN **must** be one source for US citizens or permanent residents.
-Permanent residents must also include their alien registration information.
Block 14: Enter the Document Numbers located on the Identity Proofing Source document that were checked in Block 14.
Block 15: Enter the State that issued the Identity Source Document.
Block 16: Enter the Country that issued the Identity Source Document.
Block 17: Enter the Date that the Identity Source Document was issued.
Block 18: If applicable, enter the Date that the Identity Source Document will expire.
Block 19: Enter Weight in pounds.
Block 20: Enter Height in inches.
Block 21: Check the applicable box for Hair Color.
Block 22: Check the applicable box for Eye Color.
Block 23: Enter Home Address including City, State, and Zip Code. Enter Telephone Number. A phone number MUST be provided.
Block 24: Enter sponsor name and phone number.
Block 25: Enter appropriate employer information. If not Employed enter: N/A.
Block 26: Enter appropriate supervisory information. If not Employed enter: N/A.
Block 27: Leave blank.
Block 28: Check the applicable answer.

PRINT FORM NOW

Block 28: Initial form.
Block 29: Initial form.
Block 30: Sign and date the form. **Digital signatures are NOT accepted.**

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