

**INSTRUCTIONS FOR COMPLETING HOUSEGUEST APPROVAL FORM**

1. Residents requesting to sponsor a guest will complete PART 1 and submit the form to the PMO Service Center, 1st floor, Building 1095. The form must be submitted at least 10 working days prior to the visit to allow sufficient time to conduct a security investigation.
2. If the guest will be staying in on-base housing for 30 or more days, the sponsoring resident must also submit a separate request to the Ohana Military Communities' (OMC) Resident Service Offices (RSO) through his or her chain of command explaining the visit and requesting permission for the guest to stay at the home for an extended period. Extended visits are reviewed on a case-by-case basis and must be for the benefit of the military sponsor or his or her command sponsored dependents. Visits for the benefit of an adult guest will not be approved. Guardianship papers, power-of-attorney, or other legal authorization must be provided for minor guests.
3. The PMO Service Center will perform a security background check of the guests.
  - a. If the security check is unsatisfactory, the PMO Service Center will notify the sponsoring resident.
  - b. If the security check is satisfactory, the PMO Service Center will sign Part 2 of the form and hand-deliver the approved security check to OMC at least once a week in a "guard mail" envelope.
4. Actions by OMC after PMO Service Center has completed its security check:
  - a. If the guest is staying for less than 30-days, OMC RSO will check the appropriate block in Part 3 and enter the last day of the guest stay. OMC RSO will notify the sponsor that the security investigation has been completed, that the form may be picked-up, and the sponsor and guest may take it to the PMO Service Center so that the guest can get an entry/gate pass.
  - b. If the guest is staying in on-base housing for 30- or more days, OMC RSO, upon receipt of Parts 1 and 2 and the separate request for an extended guest through the sponsoring resident's chain of command, will review the documents and make a determination as to whether the guest is approved to stay in on-Base housing.
    - (1) OMC RSO will check the appropriate block in Part 3 and enter the last day of the guest stay.
    - (2) OMC RSO will notify the sponsoring resident of the decision.
    - (3) If the stay is approved, OMC RSO will inform the sponsor that the form may be picked-up and that the sponsor and guest may take it to the PMO Service Center so that the guest can get an entry/gate pass.
5. The PMO Service Center will issue the appropriate gate pass to the guest.

**Notes:**

- Page 1 will not be forwarded to OMC RSO and will remain at PMO for their records and processing.
- Pages 2 and 3 will be submitted together to OMC

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 522a & SECNAVINST 5211.5E

**PRINCIPAL USE:** To record data for all nongovernment personnel requesting access to Marine Corps Base Hawaii.

**ROUTINE USE:** The social security number will be used to complete the Marine Corps Base Hawaii access application process. This information is entered into the National Crime Information Center (NCIC) and the Consolidated Law Enforcement Operations Center (CLEOC) to conduct a criminal history check on the person requesting access to Marine Corps Base Hawaii.

**DISCLOSURE:** The social security number is used to positively identify the applicant requesting access to Marine Corps Base Hawaii, and as a conduit to check criminal records. Disclosure is voluntary, however, failure to provide the requested information may deny you access to Marine Corps Base Hawaii.

**PART 1: THIS SECTION TO BE COMPLETED BY THE SPONSOR OF THE GUEST AND SUBMITTED TO THE PMO SERVICE CENTER**

**SPONSOR INFORMATION**

NAME (Last, First)		RANK	UNIT	SSN
SIGNATURE:				
GUEST ARRIVAL DATE:		GUEST DEPARTURE DATE:		

**GUEST(s) INFORMATION**

GUEST 1 (LAST NAME )	(FIRST NAME )	SSN #	DRIVER'S LICENSE #
HOME ADDRESS		PHONE	DATE OF BIRTH
GUEST 2 (LAST NAME )	(FIRST NAME )	SSN#	DRIVER'S LICENSE #
HOME ADDRESS		PHONE	DATE OF BIRTH
GUEST 3 (LAST NAME )	(FIRST NAME )	SSN#	DRIVER LICENSE #
HOME ADDRESS		PHONE	DATE OF BIRTH
GUEST 4 (LAST NAME )	(FIRST NAME )	SSN#	DRIVER LICENSE #
HOME ADDRESS		PHONE	DATE OF BIRTH
GUEST 5 (LAST NAME )	(FIRST NAME )	SSN#	DRIVER LICENSE #
HOME ADDRESS		PHONE	DATE OF BIRTH

This copy remain at PMO

FOR OFFICIAL USE ONLY

My guest will be staying for less than 30 days.

Your guests are welcome for up to 30 days, provided they abide by the standards of conduct prescribed for residents by the Base Commanding Officer. You are responsible for your guests and for ensuring they follow all the base orders, regulations, policies, and the terms of your rental agreement. Sponsors of guests may lose sponsorship privileges for six months, if a guest violates base orders or regulations.

My guest will be staying for 30 or more days.

A letter explaining the purpose of long-term visits must be submitted through your chain of command to OMC for guest stays longer than 30 days. Extended visits are reviewed on a case-by-case basis and must be for the benefit of the military sponsor or his or her command sponsored dependents. Visits for the benefit of an adult guest will not be approved. Guardianship papers, power-of-attorney, or other legal authorization must be provided for minor guests.

My guest will be staying in PPV housing (Ohana Military Communities)

My guest will not be staying on-Base

My guest will be staying at the Lodge, Cottages, Villas, or Cabanas.

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

Guest's vehicle information (if applicable and available):

Year/Make/Model: \_\_\_\_\_

License Number: \_\_\_\_\_

**PART 2: THIS SECTION TO BE COMPLETED BY THE PMO SERVICE CENTER AND FORWARDED TO OMC RSO.**

NCIC APPROVED \_\_\_\_\_  
(initials)

NCIC DENIED \_\_\_\_\_  
(initials)

CLEOC \_\_\_\_\_  
(initials)

SP \_\_\_\_\_  
(initials)

EBW \_\_\_\_\_  
(initials)

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AFTER THE FORM IS SIGNED, SEND THE ORIGINAL FORM TO OHANA MILITARY COMMUNITIES RESIDENT SERVICE OFFICE (MAUKA OFFICE OR MAKAI OFFICE) IF THE SPONSOR IS A PPV RESIDENT.

**SPONSOR  
INFORMATION**

NAME (Last, First)	
RANK AND UNIT	
<b>HOME ADDRESS</b>	
WORK PHONE:	HOME PHONE:
WORK EMAIL:	HOME EMAIL:
SIGNATURE:	

**GUEST(s)  
INFORMATION**

GUEST 1 NAME (Last, First)	GUEST #
HOME ADDRESS	DATE OF BIRTH
GUEST 2 NAME (Last, First)	GUEST #
HOME ADDRESS	DATE OF BIRTH
GUEST 3 NAME (Last, First)	GUEST #
HOME ADDRESS	DATE OF BIRTH
GUEST 4 NAME (Last, First)	GUEST #
HOME ADDRESS	DATE OF BIRTH
GUEST 5 NAME (Last, First)	GUEST #
HOME ADDRESS	DATE OF BIRTH

**PART 3: THIS SECTION TO BE COMPLETED BY OMC RSO.**

Complete the following section only after PMO Service Center completed background check.

- SHORT-TERM GUEST WILL BE STAYING AT SPONSOR'S HOME UNTIL \_\_\_\_\_.
- EXTENDED HOUSING GUEST IS APPROVED UNTIL \_\_\_\_\_.
- EXTENDED HOUSING GUEST IS DENIED

HOUSING REPRESENTATIVE: \_\_\_\_\_ DATE \_\_\_\_\_

AFTER THE FORM IS SIGNED, OMC WILL NOTIFY THE RESIDENT WHO, ALONG WITH THE GUEST, WILL TAKE THE ORIGINAL OF THE FORM TO THE PMO SERVICE CENTER TO OBTAIN AN ENTRY PASS.