

**Thank-you for your interest in the Naval War College Museum. We look forward to hosting you!**

Before receiving a visitor pass to the Naval War College Museum, **each adult, 18 years and older, must be schedule a reservation and be cleared by the Base Security.** Please call the museum at **401-856-5270** to schedule a reservation. SECNAV Form to the Pass & ID Office, located at 299 Cloyne Ct, Newport, RI 02840.

All adults, 18 years of age and older, **must be in possession of ONE of the following types of ID:**

- 1.) Real ID - a Driver's license or State Identification Card. If ID states "Not for Federal Identification," it is NOT a Real ID. Look for the gold star ton the front of the card to designate a Real ID.
- 2) VALID **US** Passport (Foreign passports require 2 weeks to process, please contact the museum).
- 3) A Veteran's Health ID Card
- 4) A Concealed Carry Permit

Visitors under the age of 18 are not required to provide ID. Once an accompanying parent(s) or guardian(s) has been cleared for base access, the minor will be cleared under the adult supervision.

**Each adult must fill out and sign his or her own SECNAV 5512** form for the Pass & ID Office, then initial/sign the form in ink (Blocks 29 -32). If forms are not legible, information is missing and/or not signed in ink, the forms will be not be accepted by the Pass & ID Office.

To process through security, please report to the Pass and ID office (**299 Cloyne Ct, Newport, RI 02840**) before 1:30 pm on the day of your visit. Once vetted, visitors will be issued pass(es)and may proceed to the museum through Gate 1 (see base map attached). No visitor will be admitted at the gate without a pass.

### **Driving on Base**

If intending to drive on base, please present the following documents to the Pass & ID Office:

1. Vehicle registration
2. Proof of insurance
3. Driver's license
4. Rental vehicle drivers must be ready to present the rental agreement to both the Pass & ID Office and the gate guards. additionally, the rental agreement must designate individual seeking access as the primary vehicle driver.

If there are any questions, please send questions to [museum@usnwc.edu](mailto:museum@usnwc.edu) or call (401) 856-5270.

## **SECNAV Form 5512**

Please begin by filling out Blocks 1 – 24.

In **Block 15** put your full Social Security Number (SSN). If your SSN is not provided, the background check cannot be performed. No other ID numbers are required besides the SSN.

After completing Blocks 1 – 24, please use the following information to complete Blocks 25 – 28:

### **Block 25**

Sponsor Name: Karolyn Fraine

Sponsor Email: [museum@usnwc.edu](mailto:museum@usnwc.edu)

Sponsor Phone: (401) 856-5270

### **Block 26 & Block 27**

Specific information is required for contractors but general visitors must also fill out this portion correctly (Retirees and Unemployed are required to identify as such); missing information will result in rejection of the form.

### **Block 28**

Start Date - Desired visit date

End Date - Desired visit date

Work hours: Other; 1000 - 1600

Work Days: Pick the week day that corresponds to your visit

Destination: Naval War College Museum

Reason for visit: Visit the Naval War College Museum

### **Completion & Submission of SECNAV Form 5512**

After completing Block 1 – Block 28, print out the form, fill out Blocks 29 – 31 and initial in handwritten ink (the Pass & ID Office does not accept forms that are not initialed in handwritten ink). Read the information in Block 32 and sign in handwritten ink, (digital signatures will not be accepted by Pass & ID).

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

### PRIVACY ACT STATEMENT:

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN [NM05512-2](#).

**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

<b>1. LAST NAME:</b>		<b>2. FIRST NAME:</b>		<b>3. MIDDLE NAME:</b>		<b>4. NAME SUFFIX:</b> Jr.   Sr.   I   II   III   IV	
<b>5. HISPANIC OR LATINO</b> (Check one):   YES   NO		<b>6. RACE</b> (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKIAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
<b>7. GENDER</b> (Check one):   MALE   FEMALE		<b>8. DATE OF BIRTH:</b>		<b>9. CITY OF BIRTH:</b>		<b>10. STATE OF BIRTH:</b>	
						<b>11. BIRTH COUNTRY:</b>	
<b>12. US CITIZEN</b> (Check):   YES   NO		<b>13. DUAL CITIZENSHIP:</b> YES   NO CITIZENSHIP IF OTHER THAN US (Country):					

### U.S. Citizen Minimum Documentation Required:

By Birth - Social Security Number, State ID/Drivers License.  
 Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security Number, State ID/Drivers License.  
 Derived - Parent's certification number, Social Security Number, State ID/Drivers License.

**Alien Minimum Documentation Required:** Registration Number, Expiration date, Date of entry, Port of entry.

**Please note that, as applicable, you cannot be mandated to provide Privacy Act information (SSN and DOB) however, without this information vetting cannot be performed. Without (a clear) vetting, unescorted installation access cannot be authorized.**

<b>14. IDENTITY SOURCE DOCUMENTS PRESENTED:</b>		<b>15. DOCUMENT NUMBER:</b>		<b>16. ISSUED BY STATE/COURT:</b>		<b>17. ISSUED BY COUNTRY:</b>		<b>18. ISSUED:</b>		<b>19. EXPIRES:</b>	
<input type="checkbox"/> Social Security No.						United States					
<input type="checkbox"/> State ID/Drivers License						United States					
<input type="checkbox"/> Passport No.											
<input type="checkbox"/> Certification Number and Petition Number											
<input type="checkbox"/> Derived - Parent's Certification Number:						United States					
<input type="checkbox"/> Alien Registration No.						United States					
				<b>Date of Entry:</b>				<b>Port of Entry:</b>			

### OTHER APPROVED IDENTITY SOURCE DOCUMENTS:

<input type="checkbox"/>			
<input type="checkbox"/>			

<b>20. WEIGHT</b> (Pounds):		<b>21. HEIGHT</b> (Inches):		<b>22. HAIR COLOR</b> (Check one): Blond   Brown   Black   Gray   Red White   Silver   Auburn   Bald					<b>23. EYE COLOR</b> (Check one): Brown   Green   Blue   Hazel Black   Gray   Violet   Unknown				
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<b>24. HOME ADDRESS</b> (Include city, state, zip code):						<b>HOME PHONE</b> (Include Area Code):			
<b>25. BASE SPONSOR'S NAME:</b>				<b>SPONSOR EMAIL:</b>				<b>SPONSOR PHONE</b> (Include Area Code):	

### EMPLOYMENT ACTIVITY INFORMATION (For personal guests, employer information is not required)

<b>26. EMPLOYER NAME AND ADDRESS</b> (Include city/state/zip code):						<b>EMPLOYER PHONE</b> (Include Area Code):	
<b>27. SUPERVISOR NAME AND ADDRESS</b> (Include city/state/zip code):						<b>SUPERVISOR PHONE</b> (Include Area Code):	

28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ DESTINATION: \_\_\_\_\_  
 WORK HOURS: 0600-1800 0800-1700 OTHER \_\_\_\_\_ WORK DAYS: SN M T W TH F ST  
 PURPOSE OF VISIT: \_\_\_\_\_

**PRIOR FELONY CONVICTIONS**

29. Have you ever been convicted of a Felony? YES NO \_\_\_\_\_ (initial) (MUST be handwritten in ink)

**REQUIREMENT TO RETURN LOCAL POPULATION ID CARD**

30. 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. \_\_\_\_\_ (initial) (MUST be handwritten in ink)

**REAL ID ACT 2005 COMPLIANCE**

31. I understand that if my driver's license, or state issued identification, has words to the effect "NOT FOR FEDERAL USE" printed on it; I will be required to provide an alternate form of identification. \_\_\_\_\_ (initial) (MUST be handwritten in ink)

**AUTHORIZATION AND RELEASE AND CERTIFICATION**

32. 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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (MUST be handwritten in ink)

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**

33. INFORMATION VERIFIED BY: 34. ENTERED IN C/S SYSTEM BY: 35. PASS ISSUE DATE: 36. PASS EXPIRATION DATE:

37. NCIC CHECK PERFORMED BY: 38. RESULTS OF NCIC CHECK: 39. RESULTS OF LOCAL RECORDS CHECK:  
☐ NO RECORDS ☐ RECORD IDENTIFIER ☐ NO RECORDS ☐ RECORD IDENTIFIER  
 RECORD NUMBER: 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 08 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.

## Instruction for completing the Local Population Access Registration Form

**INSTRUCTIONS:** Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions:

**RESTRICTIONS:** Local Population Identification Card/Base Access Pass may only be used by person to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Cards/Base Access Passes that are issued under his/her jurisdiction. Review the Privacy At Statement that is printed at the top of the form

<p>Block 1: Enter the Last Name.          Block 2: Enter the First Name.          Block 3: Enter the Middle Name.          Block 4: If applicable, check the box for Name Suffix.          Block 5: Check the applicable box for Hispanic or Latino.          Block 6: Check the applicable box for Race.          Block 7: Check the applicable box for Gender.          Block 8: Enter Date of Birth.          Block 9: Enter City of Birth.          Block 10: Enter State of Birth.          Block 11: Enter Country of Birth.          Block 12: Check the applicable box for US Citizenship.          Block 13: If not a US Citizen, enter the name of the Country of Citizenship.          Block 14: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present.          Block 15: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 14.          Block 16: Enter the State that issued the Identity Source Document.          Block 17: Enter the Country that issued the Identity Source Document.</p>	<p>Block 18: Enter the Date that the Identity Source Document was issued.          Block 19: Enter the Date that the Identity Source Document will expire.          Block 20: Enter Weight in pounds.          Block 21: Enter Height in inches.          Block 22: Check the applicable box for Hair Color.          Block 23: Check the applicable box for Eye Color.          Block 24: Enter Home Address Including City, State, Zip Code, and Home Telephone Number.          Block 25: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number.          Block 26: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number.          Block 27: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number.          Block 28: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days.          Block 28: Check the applicable answer if you have been convicted of Felony and enter initials.          Block 29: Check the applicable box for felony conviction.          Block 30: Enter initials to accept terms for returning Local Population Identification          Block 31: Enter initials to acknowledge applicable Real ID ACT 2005 provisions          Block 32: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.</p>
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**LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.**

Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card.</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551).</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766).</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign Passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RM) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and FSM or RM.</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card.</li> <li>5. U.S. Military card or draft record.</li> <li>6. Military dependent's ID card.</li> <li>7. U.S. Coast Guard Merchant Mariner Card.</li> <li>8. Native American tribal document.</li> <li>9. Driver's license issued by a Canadian government authority.</li> </ol> <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card.</li> <li>11. Clinic, doctor, or hospital record.</li> <li>12. Day-care or nursery school record.</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION.</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION.</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545).</li> <li>3. Certification of Birth issued by the Department of State (Form DS-1360).</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal.</li> <li>5. Native American tribal document.</li> <li>6. U.S. Citizen ID Card (Form I-197).</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179).</li> <li>8. Employment authorization document issued by the Department of Homeland Security.</li> </ol>		

The remainder of the form will be completed by the Base Registrar Person conducting Identify Proofing process and NCIC check.

### AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB 0703-0061. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN COMPLETED FORM TO THE ABOVE ADDRESS.**

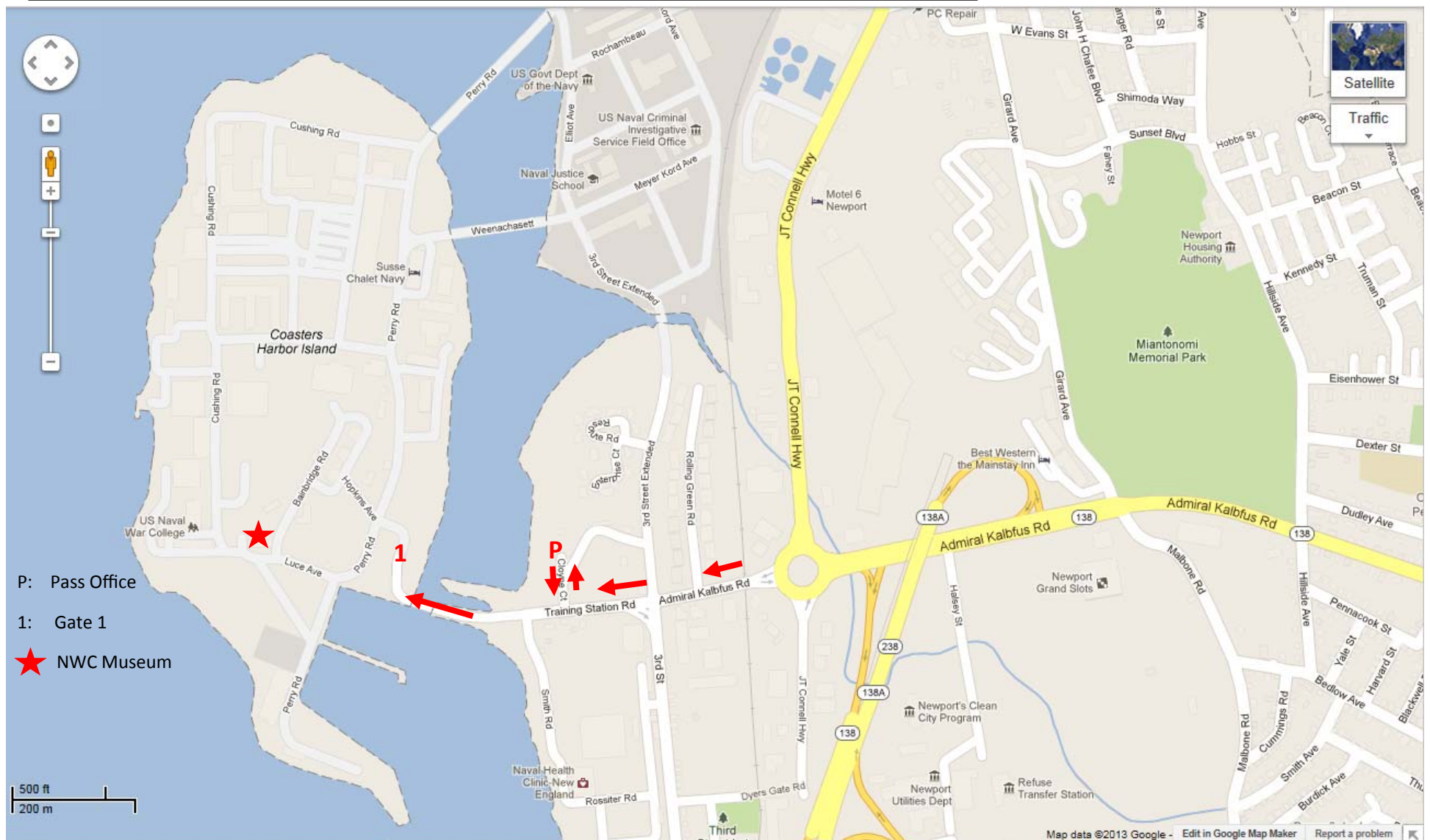
Completed form should be submitted to the Base Registrar.



**Call 401-856-5270 to make a reservation. Pass & ID is located at 299 Cloyne Court, Newport, RI 02840**

From the rotary follow Admiral Kalbfus Road. At 3rd St. traffic light Admiral Kalbfus becomes Training Station Road. Make a right at blue "Pass Office" sign. Proceed to white building at the end of the lane. Check in for parking pass. Make right to proceed across causeway onto Coasters Harbor Island/Naval Station Newport. After stopping at guard station (GATE 1) make a left at stop sign onto Perry Road. Follow Perry Road, bearing right onto Luce Ave. Continue until you see the museum on the right. Parking is on the west side of the building.

Please present your valid photo identification, vehicle registration and proof of insurance to the Pass & ID Office upon your arrival.



## **Creating Password Protections**

Due to sharing sensitive information, the following steps should be taken to password-protect any documents sent directly to the museum.

### *Adobe Acrobat 2020*

1. Click on "File"
2. Click on "Properties"
3. Click on "Security" (2nd Tab)
4. Go to "Security Method", go to drop-down menu and select password security
5. Under "Document Open", click on 'Require a password to open the document'
6. Enter Password
7. A new prompt will come up asking to confirm the password, re-type password
8. You will see another prompt showing "Security settings will not be applied to the document until you save the document. You will be able to continue to change the security settings until you close the document" - Click "Ok"
9. Click "Ok" again
10. Save the document before closing so (otherwise, the security settings are not saved)
11. Send the password-protected form to [museum@usnwc.edu](mailto:museum@usnwc.edu)
12. Call (401) 841-4052 and/or leave a voice message with the password or send the password in a separate email to [museum@usnwc.edu](mailto:museum@usnwc.edu)

### *Microsoft Word*

1. Open Word, click on the "Insert" tab at the top of the page
2. Click "Object" on the right-hand side (no need to click on dropdown arrow but if done, select "Object" again)
3. Select Tab "Create From File"
4. Select "Browse" and add the completed SECNAV 5512
5. Click "Display As Icon" which will insert the form into the word document
6. Go to "File"
7. Select "Info" (If not already highlighted by default)
8. Click on "Protect Document" on the right-hand side
9. Click on "Encrypt with Password"
10. Type in password and select "Ok"
11. Type in password again to confirm and select "Ok"
12. Click on the "Save" icon
13. Save the document (otherwise, the password-protection setting is not saved)
14. Send the password-protected document to [museum@usnwc.edu](mailto:museum@usnwc.edu)
15. Call (401) 841-4052 and/or leave a voice message with the password or send the password in a separate email to [museum@usnwc.edu](mailto:museum@usnwc.edu)