

## GOLD INSTALLATION ACCESS PASS APPLICATION

TO: Installation Access Pass Office

Request the following individual be authorized  
a U.S. Army Garrison Hawaii Installation Access Pass

FAMILY CARE PLAN  
( )

HOUSEGUEST  
( )

CAREGIVER  
( )

AGENT CARDHOLDER  
( )

APPLICANT INFORMATION	Applicant Information:			
	Applicant Name: _____		SSN : _____	Sex: M ( ) / F ( )
	Date of Birth: _____	Eye Color: _____	Hair Color: _____	Height: _____
	Weight: _____			
	City/State/Country of Birth: _____			
	Relationship to Sponsor: _____			
	Home Address: _____		Home Phone: _____	
House Number / Street Name / Apt. Number		Duration of Pass:		
		Start: _____	End: _____	
City		Zip Code	(DD MM YYYY)	(DD MM YYYY)

SPONSOR INFORMATION	<b>STATEMENT OF UNDERSTANDING:</b> I UNDERSTAND THAT AS THE SPONSOR, I AM RESPONSIBLE FOR THE ACTIONS OF THE ABOVE NAMED INDIVIDUAL. REPORTS OF MISCONDUCT MAY BE CAUSE FOR IMMEDIATE TERMINATION OF THIS AUTHORIZATION. I ALSO UNDERSTAND THAT IF THE PASS IS NO LONGER NEEDED AND HAS NOT EXPIRED, I WILL RETRIEVE THE PASS AND TURN IT OVER TO THE INSTALLATION ACCESS PASS OFFICE.				
	Sponsoring Individuals Information:				
	Sponsor Name: _____		Rank / Grade: _____	Duty Phone: _____	
	Sponsor SSN: _____		Home Phone: _____		
	Sponsor's Signature: _____		Date: _____		
	Quarters Address: _____				
	Commander's Name: _____		Rank / Grade: _____	Duty Phone: _____	
Commander's Signature: _____		Date: _____			
<b>Only E-6 and below requires a Unit Commander's Signature</b>					

IPC ACKNOWLEDGEMENT	IPC Community Center Manager Name: _____		
	IPC Community Center Manager Signature: _____		Date: _____
	Housing Comments: _____		

**STATEMENT OF UNDERSTANDING:** BY SIGNING THIS APPLICATION FOR AN INSTALLATION ACCESS PASS ID CARD, I AGREE TO ABIDE BY ARMY REGULATIONS WHILE ON U.S. ARMY GARRISON, HAWAII INSTALLATIONS. I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT. FURTHERMORE, BY MY SIGNATURE, I AM AWARE THAT A BACKGROUND CHECK MAY BE CONDUCTED BY U.S. ARMY PERSONNEL ON MYSELF.

Applicant Signature: _____	Date: _____
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IAP OFFICE USE ONLY	Issue Date: _____ Expiration Date: _____ Control # _____
	Issued By: _____ Applicant Info Authenticated By: _____

**PRIVACY ACT INFORMATION**  
**Authority:** Title 10, United States Code, Section 2012  
**Principal Purpose:** The purpose for requesting personal information is to assist civilian access on to U.S. Army Garrison, Hawaii Installations.  
**Routine Use:** Information provided may be used to determine suitability of applicants desiring access on to U.S. Army Garrison, Hawaii Installations as well as for other lawful purposes including law enforcement and litigation. For other official purposes, information on this form may be provided to other law enforcement agencies.  
**Disclosure:** Submitting requested information is voluntary, however failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Installation Access Pass.