

READ INSTRUCTIONS THOROUGHLY TO INSURE BASE ACCESS

If you have a current DoD CAC, DoD TESLIN (military retiree, dependent, reservist, etc) or arriving with a USU medical student, USU or WRNMMC employee or other individual with a current CAC, you do not need to provide the form. Notify Ms. Baker at larhonda.baker@usuhs.edu if this is the case.

ALL visitors 18 and older must submit a Base Access form if you or one of your guests do not have a DoD CAC or TESLIN. Forms do not need to be submitted for visitors under 18 years of age.

FOR INTERVIEWEES: If you do not have a DoD CAC or TESLIN and you are not bringing a guest, it is highly recommended that you utilize the HOST PROGRAM, so you will not have any issues entering the base.

The form is protected and cannot be opened in a browser. Most default settings will open a PDF in a browser when the link or icon is selected. You will receive a message that you need to update your Adobe Reader if you try to open the form in a browser. You will need to save the form to your hard drive (you will need to remember the location), open Adobe Acrobat or Reader and open the file through the program.

The SEVNAV Base Access Form is a type ready, fill-in form. The form must be filled out **electronically**, with the with the exception of your initials (Blocks 29 & 30) and the date and your signature (Block 31).

Use the format **lastname, firstname.pdf** (ex. smith, john.pdf) when naming your file. The extension (.pdf) will automatically change when the file is encrypted. Use "**Base Access – Event Title: Event Date**" (examples: Base Access – Interview Date: 10 September, Base Access - Open House: 11 December, etc) as the Subject of the email. Form must be **RECEIVED** by the Admissions Office no later than two weeks before the event date. Forms must not be received more than 30 days before the event date.

Your Form WILL NOT be accepted if:

1. it is not initialed in Blocks 29 **AND** Block 30
2. it is not signed
3. it is not saved as PDF file. No images accepted
4. it is not named correctly – lastname, firstname.pdf (space must be between comma and first name.)

REVIEW YOUR SCANNED DOCUMENT before emailing. Forms MUST be print ready. Forms will not be accepted if:

1. the pages are not in the correct order
2. the pages are not rotated correctly (Orientation MUST be portrait and NOT landscape)
3. the scan is too light or too dark
4. any of the edges are cut off
5. the pages are not straight

Do NOT submit the SEVNAV form instructions (page 3). Do NOT send copies of your IDs.

Unless otherwise indicated, the following fields of the SEVNAV 5512 Form **MUST** be filled in or your form will be rejected. **Where required, make sure every box is check for each field where information is entered:**

- Block 1: Enter the Last Name.
- Block 2: Enter the First Name.
- Block 3: Enter the Middle Name. (*Leave blank if not applicable.*)
- 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 must be filled in.
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.**
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 Telephone Number. A phone number **MUST** be provided. If no home number, use your cell phone number.
Block 25: Should be Already Filled in, if not enter – Mrs. Joan Stearman, Director, Office of Recruitment & Admissions, USUHS
Block 26: Enter Employer Name and complete address (**Street, City, State, Zip Code**), and Employer's Telephone Number. OR
If not Employed enter: **N/A.** OR
If currently a student, enter the college or university you are attending and the complete address and telephone number.
Block 27: Enter Supervisor's Name and complete **WORK** address (**Street, City, State, Zip Code**) and Supervisor's **WORK** Telephone Number. OR
If not Employed enter: **N/A.** OR
If currently a student, enter an Advisor's name and your college or university's complete address and phone number.

PLEASE NOTE: If employer or school information is entered in Block 26, you **CANNOT** enter N/A or leave Block 27 blank.

- 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. **If not Employed check the OTHER box and enter: N/A**
Block 29: Check the applicable answer if you have or have not been convicted of Felony

PRINT FORM NOW.

- Block 29: Initial form. Form will be rejected if not initialed.
Block 30: Initial form. Form will be rejected if not initialed.
Block 31: Sign and date the form. Electronic signatures **NOT** accepted. Form must be printed, signed and scanned if returning by email.

If ANY of these fields are left blank, you will not be granted Base Access and will need to go by the Pass & ID Office on the day of your interview. The Pass & ID Offices opens at 5:30 a.m. It can up to an hour or more for you to be granted base access