

MARINE CORPS BASE, CAMP PENDLETON COMMAND SPONSORED EVENT NOTIFICATION

Print Form

(Submit No Later than SEVEN business days via Electronic mail to: PNDL_CMDSPONSORED_EVENTS@usmc.mil)

PRIVACY ACT STATEMENT**SORN NM05512-2****AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).**PRINCIPLE PURPOSE:** To control physical access to Marine Corps Base, Camp Pendleton (MCB CamPen).**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of Privacy Act, these records or information contained therein may specifically be disclosed outside the Department of Defense as routine use pursuant to 5 U.S.C. 552a(b)(3). A complete list of the applicable Routine Uses may be found in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570444/nm05512-2/>.**DISCLOSURE:** Disclosure of personal information is voluntary. However, failure to provide the requested information may impede, delay or prevent processing of command sponsorship.**EVENT INFORMATION**

COMMAND/ACTIVITY: _____

EVENT TYPE (Check appropriate item): ☐ CHANGE OF COMMAND ☐ RESIDENT PROFESSIONAL MILITARY EDUCATION GRADUATION
☐ RELIEF AND APPOINTMENT ☐ OTHER (Provide brief description): _____
☐ RETIREMENT

EVENT LOCATION: _____ EVENT DATE: _____ EVENT TIME: _____

TOTAL NUMBER OF ANTICIPATED ATTENDEES (To include Service Members): _____

**REQUESTED GATE INFORMATION
(ONLY applicable to MCB CamPen gates)**GATE(S) REQUESTED (Check appropriate item): ☐ SAN LUIS REY ☐ DEL MAR ☐ SAN ONOFRE GATE(S) ARRIVAL TIME: _____
☐ MAIN ☐ LAS PULGAS ☐ CRISTIANITOS

Command Rep (SNCO or Higher) at Gate

NAME (Print rank last name, first name middle initial): _____

SNCOIC PHONE NUMBER : _____

COMMAND/ACTIVITY CERTIFICATION

(Must be signed by the unit Commander or activity Assistant Chief of Staff)

- ☐ THE COMMAND OR ACTIVITY HAS PRODUCED A LETTER OF INSTRUCTION FOR THE ABOVE EVENT.
- ☐ I UNDERSTAND THAT I ACCEPT RESPONSIBILITY FOR ALL INVITED VISITORS.
- ☐ I HAVE EVALUATED OTHER MEANS OF INGRESS FOR VISITORS AND HAVE DETERMINED THAT THE BY-NAME ROSTER IS REQUIRED TO ACCOMMODATE THE NUMBER OF INVITED VISITORS.
- ☐ THE COMMAND OR ACTIVITY HAS INFORMED ALL ADULT VISITORS THAT THEY ARE REQUIRED TO POSSESS AN ACCEPTABLE IDENTITY SOURCE DOCUMENT SUCH AS A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID) (E.G. REAL ID COMPLIANT DRIVER'S LICENSE, STATE ID CARD, OR PASSPORT) TO ESTABLISH THEIR IDENTITY.
- ☐ THE COMMAND OR ACTIVITY HAS INSTRUCTED ALL VISITORS TO USE THE RIGHT-MOST LANE AT THE GATE AND TO HAVE THEIR PHOTO ID READY UPON ENTRANCE.
- ☐ THE COMMAND OR ACTIVITY HAS INFORMED ALL FOREIGN VISITORS THAT THEY ARE NOT ELIGIBLE FOR INCLUSION ON THE BY-NAME ROSTER AND HAS SEPERATELY SUBMITTED THEIR INFORMATION TO PMO FOR MCIA SCREENING.
- ☐ WHERE APPLICABLE, A SPECIAL EVENT ANTITERRORISM (SEAT) PLAN HAS BEEN CONDUCTED IAW MCO 5530.13 AND MCO 3302.1F.

COMMANDER/ASSISTANT CHIEF OF STAFF

(Print rank last name, first name middle initial): _____

☐ Commander or AC/S☐ Acting

SIGNATURE: _____

DATE: _____