1. Print and complete the application and turn it in to the Review and Analysis Office, either by mail, FAX or in person (you do not need to include copies of your vehicle registration, insurance or driver’s license with this form).

REVIEW & ANALYSIS OFFICE
PSC Box 8009
Marine Corps Air Station
Cherry Point, NC 28533-0009
Ph. # (252) 466-2731
FAX# (252) 466-5775

2. The review and analysis Office will record receipt of the application and submit it to PMO requesting base access.

3. After PMO completes a background check the Review and Analysis Office will be notified.

4. If approved the Review and Analysis Office will contact you when your base access pass and FOCP card are ready. You may then proceed to the Pass & ID Office with your vehicle registration, insurance card and driver’s license. Once those documents have been validated you will be issued your base access pass. The duration of the Base Access Pass is for twelve months from date of issue.

5. To access the installation simply display your Base Access Pass prominently in the front window of your vehicle along with a valid picture ID and the gate guard will wave you through. Welcome aboard!

6. Please remember to keep your Base Access Pass in your front window at all times while aboard the Air Station.

7. Once you receive your Base Access Pass you may pick up your FOCP card on your next visit to the golf course.

Congratulations, you are now a “Friend of Cherry Point!”
Applicant Information

Full Name: ____________________________
State: ________________________________
PH#: ________________________________
SSN Last 4: ____________________________

Address: ______________________________
Zip: ________________________________
Email: ________________________________

Applicant Description

DOB/State Born: ________________________
Height/Weight: _________________________
Race/Gender: __________________________
Color Hair: ____________________________
Color Eyes: _____________________________

Vehicle Information

Vehicle YR: ____________________________
Make/Model: __________________________
DL #: ________________________________
Plate #: ______________________________

If granted, this access pass will not be transferable and is only authorized for access to MCAS Cherry Point only. The applicant agrees to comply with Federal/DOD guidelines and to consent to a local records check. Acknowledgement of this form provides Cherry Point permission to conduct a routine background check on the applicant. I certify that the information on this form is true and accurate to the best of my knowledge. If the vehicle pass is lost or stolen I will immediately report it to the Pass & ID (252)-466-5921 or if after hours Military Police Department at (252) 466-3615.

Privacy Act Information: Authority Title 10, United States Code, Section 2012: Principle Purpose: The Purpose for requesting personal information, including social security number is to verify identification of the applicant and to assist civilian access onto MCAS Cherry Point. Routine Use: Information provided may be used to determine eligibility of applicants desiring access to MCAS Cherry Point 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. Disclosures: Submitting requested information is voluntary, however, failure to provide information will result in access privileges being refused or withdrawn under this program. The Privacy Act Statement will apply throughout the duration of the access pass.

REQUESTORS PRINTED NAME/SIGNATURE/DATE: ______________________________

APPROVER PRINTED NAME/SIGNATURE/DATE: ______________________________