MCAS Iwakuni Statement of Understanding for Official Signers

Date:_____

I _____ (Requester's Name) acknowledge the following:

1. Only MCAS Iwakuni (MCASI) Departments Heads, MCASI Tenant Commanders or the Officers-In-Charge (OICs) of detachments or other organizations permanently assigned to MCASI may sign Appendix B, E, F, L, N of MCASO 5500.2W for an individual to receive access to MCASI. If the Department Head, Tenant Commander, or OIC is unavailable due to TAD or leave, the respective Deputy Department Head, Acting Commander, or Acting OIC may sign such a request once he or she signs a copy of this form and receive Station CO/XO's approval. This authority cannot be further delegated unless approved by the CO/XO, MCASI.

2. By signing a request for an individual to receive a DBIDS credential or other access request to enter MCASI, I am certifying that the individual has a legitimate reason for gaining access to MCASI in an official or professional capacity that contributes to the success of MCASI. I will not sign a request that involves VIPs (O-6 or civilian equivalent or above), members of the media, or an individual desiring to enter MCASI for a personal visit. VIPs and Media personnel, whether for a personal or official visit, require the approval of the CO/XO, MCASI. If in doubt as to whether someone has a need to access MCAS Iwakuni, consult with the Provost Marshal or the CO/XO, MCASI.

3. The failure to properly certify whether a person has a need to access MCAS Iwakuni, or the failure to follow the requirements of this statement of understanding may result in prosecution under the Uniform Code of Military Justice or other adverse action. Violations of this Order by members of the civilian component or dependents may result in appropriate administrative remedies. Once this request has been approved, the approved letter needs to be submitted to PMO Pass and Registration Office by the requesting organization.

4. This authorization letter is effective for 24 months from the date signed. If an extension is required, the requester will coordinate with the Station Adjutant Office prior to its expiration otherwise a new request must be submitted.

5. Justification for this request is as below:

_____

6. The point of contact for this request is (Requesting Department's OIC):

_____	_____	_____	_____
OIC Name	Unit/Dept./Section	Rank/Title	DSN

_____	_____	_____	_____
Requester's Signature	Requester's Print Name	Rank/Title	Service

MCASI CO/XO: ☐ Approved - ☐ Not Approved

_____	_____/_____
Print Name	Signature Date