

COMMERCIAL SOLICITATION - PERMIT APPLICATION

PRIVACY ACT INFORMATION

AUTHORITY: 10 U.S. Code 3013 (b), Authority of the Secretary of the Army.

PRINCIPAL PURPOSE: The purpose for requesting personal information is to verify identification of the applicant for a commercial solicitation permit to conduct business on U.S. Army Garrison, Hawaii.

ROUTINE USES: Information provided may be used to determine suitability of applicants desiring a personal commercial solicitation permit on U.S. Army 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is voluntary, however failure to provide information will result in commercial solicitation privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Personal Commercial Solicitation Permit.

PART I - APPLICATION INFORMATION

APPLICATIONS THAT ARE NOT COMPLETED OR ILLEGIBLE WILL BE REJECTED

Name (Last, First, MI):	SSN:	Sex: M () / F ()
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Home Address:

City:	State:	ZIP:
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Home Phone:	Business or Cell Phone:
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Date of Birth:	Birth Place:	Email Address:
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Have you ever been charged with an offense? Yes () No () **Convicted:** Yes () No ()

If yes, what was the offense?

Was the offense on a military installation? Yes () No () Installation:

Military ID Card Holder: Yes () No () Military ID Expiration Date:

Branch: Active Duty () Spouse () Dependant () Retired () Reserves ()

If Civilian, other ID:	Exp:	GE Tax No:
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Name of Business:	Business Address:
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STATEMENT OF UNDERSTANDING: THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING OF FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001. 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 PERMIT IS NO LONGER NEEDED AND HAS NOT EXPIRED, I WILL RETRIEVE THE PERMIT AND TURN IT OVER TO THE COMMERCIAL SOLICITATION CONTROL OFFICER.

Sponsor's Name:	Rank:
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IF DIFFERENT FROM APPLICANT

Sponsor's Address:

City:	State:	ZIP:
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Sponsor's Unit/Organization:	Phone:
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Sponsor's Signature:	Date:
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E-6 AND BELOW REQUIRES A UNIT COMMANDER'S SIGNATURE

Unit Commander (Name/Rank)	Date:
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Unit Commander's Signature:	Phone:
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STATEMENT OF UNDERSTANDING: BY SIGNING THIS APPLICATION FOR A COMMERCIAL SOLICITATION PERMIT, I AGREE TO ABIDE BY ARMY REGULATIONS WHILE ON U.S. ARMY HAWAII INSTALLATIONS. I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, FURTHERMORE, BY MY SIGNATURE, I AM AWARE THAT A BACKGROUND CHECK WILL BE CONDUCTED BY U.S. ARMY AND NAF PERSONNEL ON MYSELF. I UNDERSTAND THAT IF SPONSORSHIP IS WITHDRAWN, AT ANY TIME, FOR ANY REASON, MY PERMIT WILL BE REVOKED.

Applicant Signature:	Date:
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PART II - STATEMENTS

1. I have read and understand AR 210-7 Personal Commercial Solicitation on Army Installations. _____ (INITIAL HERE)
2. I understand and acknowledge that any violation or noncompliance with Army or Installation regulations may result in the withdrawal of my privilege of personal commercial solicitation on U.S. Army Garrison - Hawaii. _____ (INITIAL HERE)
3. I understand that if an individual in grades E-1 to E-4 is being solicited, the solicitation is restricted to specific times and locations as designated by the commander. _____ (INITIAL HERE)
4. I will provide each person solicited with a Personal Commercial Solicitation Evaluation form (DD Form 2885) and will instruct the individual to return the form to the Commercial Solicitation Officer if they so desire. _____ (INITIAL HERE)
5. I understand that I am not an employee of any Federal agency or activity and that my sole source of compensation will be from personal commercial solicitation. _____ (INITIAL HERE)
6. I understand, acknowledge and agree that if sponsorship is withdrawn, at any time, for any reason, my permit to conduct business on U.S. Army Garrison - Hawaii installations will be revoked and I will cease any and all business immediately. Upon revocation, I will surrender my permit to my sponsor or to the Commercial Solicitation Control Officer. _____ (INITIAL HERE)
7. **INSURANCE AGENTS.** I will leave a completed DA Form 2056 (Commercial Insurance Solicitation Record) with each person applying for insurance and with the unit officer or counselor. I will include in the "Remarks" section any information pertinent to the application. I will include any restriction statement unless such restrictions are clearly indicated on the face of the policy. _____ (INITIAL HERE)

PART III - HOUSING AUTHORIZATION FOR HOME BASED BUSINESS

I HAVE REVIEWED THE REQUEST AGAINST APPLICABLE REGULATIONS AND POLICIES AND ACKNOWLEDGE THE REQUESTED HOME BASED BUSINESS.

Community Center:	Community Center Manager:
Community Center Manager Signature:	Date:

PART IV - COMMERCIAL SOLICITATION PERMIT (Copies must be maintained by Permitting Office and the Permittee)

(For office use only)

CID Background Check:	<input type="checkbox"/> Cleared	<input type="checkbox"/> Derogatory Information Present
Bar to Installation Check:	<input type="checkbox"/> Not Barred	<input type="checkbox"/> Barred
DES Background Check:	<input type="checkbox"/> Cleared	<input type="checkbox"/> Derogatory Information Present
Better Business Bureau:	<input type="checkbox"/> Cleared	<input type="checkbox"/> Derogatory Information Present

Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>	Date Issued:	Expiration Date:
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PRINT - Name, Rank & Title of Licensing Official	PERMIT STAMP
SIGNATURE - of Permitting Official Date	
SIGNATURE - of Applicant (receipt for permit) Date	