Public Partners Program

*Must be a U.S. Citizen to apply.

Application Instructions

PLEASE READ THIS ENTIRE DOCUMENT VERY CAREFULLY BEFORE PROCEEDING

STEP 1. If this is a renewal and/or you already have a DBIDS Card, please proceed to STEP 2.
New applicants: Pre-enroll at the DBIDS Web Link at https://dbids-global-enroll.dmdc.mil/preenrollui/#/landing-page. **If the link does not work, please use Google to search "dbids pre enrollment" and click on the first option to come up.** Follow the step-by-step instructions. You will be required to enter the following sponsor information:

Sponsor Name: Kevin Kashiwai
Sponsor Email: Kevin.Kashiwai@usmc-mccs.org
Sponsor Phone Number: (808) 254-2107 or (808) 254-1745 (Klipper Pro Shop)
Comments (Purpose of Visit): MCCS - Public Partners Program

STEP 2. Call the Klipper Pro Shop to pay the $10 processing fee and request a receipt number. Populate table at the bottom portion of this form and submit via email to: OMBKBAYGOLF@USMC-MCCS.ORG. Upon approval for the Public Partners Program, we will send you an email with instructions for completing registration and to receive your DBIDS/Public Partners Program credentials. At this time, please call the Klipper Pro Shop to schedule an appointment at the Pass House.

STEP 3. When you check in at the Pass House, you will be required to provide your 6-digit pre-enrollment confirmation code; the two forms of ID used to pre-enroll in DBIDS; valid Hawaii Driver's License; Vehicle Registration; Auto Insurance and Safety Check. The two forms of ID will be your original social security (SS) card or a W2 with SS # on it and a valid picture ID (driver's license). You will also need to bring your passport if you entered your passport number into the DBIDS site.

Allow up to 6 weeks for processing.

PLEASE REMEMBER that the "Public Partners Program" pass is offered to you as a privilege. The pass allows access to K-Bay Lanes, Klipper Golf Course, and Officers' Club only. If you are found anywhere on base other than these approved MCCS facilities, your privileges and access to the base will be revoked immediately.

LAST NAME	FIRST NAME	DATE OF BIRTH	DBIDS CODE or ID #

EMAIL	PHONE NUMBER

ISSUE DATE (Renewal Only)	RECEIPT NUMBER

Complete all the information above and email this form to:
OMBKBAYGOLF@USMC-MCCS.ORG