

AUTHORIZATION FOR ALCOHOLIC BEVERAGE CONSUMPTION FOR SERVICE MEMBERS

Request for authorization must be submitted to the Installation Support Directorate (ISD) ten (10) working days prior to the event date.
Requests received with less than the required ten (10) days will be approved on a case by case basis.

1. DATE OF REQUEST	2. UNIT MAKING REQUEST		
3a. LOCATION OF EVENT		<input type="checkbox"/> 3b. PRIOR COORDINATION WITH COS FOR EVENT LOCATION (correspondence attached)	
4. AGE OF SERVICE MEMBERS: <input type="checkbox"/> a. 18 and over <input type="checkbox"/> b. 21 and over			
5. DATE OF EVENT	6. START TIME	7. END TIME	
<p>8a. The Senior Marine present will be _____</p> <p>I further understand that:</p> <p>(1) Alcoholic beverages are not allowed aboard Camp Wilson or outside designated facilities on Mainside without prior approval.</p> <p>(2) We will be held responsible for the conduct of all Service members present.</p> <p>(3) We will be held responsible for the general policing of the area upon completion.</p> <p>If 18 and over consumption is approved:</p> <p>(4) Alcohol served to Service members 18-20 years of age will be limited to no more than two 12 oz. of beers.</p> <p>(5) Service members 18-20 years of age will not be permitted to operate a motor vehicle within 8 hours of alcohol consumption and provision will be made for transportation from the event if necessary.</p>			
8b. OFFICER IN CHARGE OF EVENT (print name)		9. CONTACT PHONE:	
10. SIGNATURE			11. DATE
12. BATTALION/SQUADRON/DIRECTORATE			
a. TITLE		b. UNIT	
<input type="checkbox"/> FORWARDED, RECOMMENDING APPROVAL		<input type="checkbox"/> FORWARDED, RECOMMENDING DISAPPROVAL	
13. REMARKS			
14. PRINT NAME			
15. SIGNATURE			16. DATE
17. ASSISTANT CHIEF OF STAFF INSTALLATION SUPPORT DIRECTORATE			
<input type="checkbox"/> APPROVED OR FORWARDED, RECOMMENDING APPROVAL		<input type="checkbox"/> DISAPPROVED OR FORWARDED, RECOMMENDING DISAPPROVAL	
18. REMARKS			
19. PRINTED NAME			
20. SIGNATURE			21. DATE
22. COMMANDING GENERAL, MAGTFTC, MCAGCC			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
23. REMARKS			
24. PRINTED NAME			
25. SIGNATURE			26. DATE

This form may be delivered to the Assistant Chief of Staff ISD suite, Building 1554, or sent electronically to SMB-PLMS-ISD@usmc.mil.