

STATEMENT OF UNDERSTANDING CONCERNING PERSONAL COMMERCIAL SOLICITATION ABOARD THE MARINE CORPS AIR GROUND COMBAT CENTER, TWENTYNINE PALMS, CALIFORNIA

INSTRUCTIONS: Fill all applicable fields except signatures and initials before printing the form. Sign and initial where indicated on the printed form.

- INITIAL _____
1. _____ I have read and understand the current Combat Center Order 1740.1 (series) in its entirety.
 2. _____ I have been provided a copy of the General Conditions for Personal Commercial Solicitation Aboard the Marine Corps Air Ground Combat Center, Twentynine Palms, California.
 3. _____ I further understand the Special Conditions for the solicitation of the product I intend to sell as described in paragraph _____.
 4. _____ I have been provided a copy of the Special Conditions for the Sale of Insurance [enclosure (4)], if applicable.
 5. _____ I understand that personal commercial solicitation aboard the Combat Center is a privilege and that the privilege may be permanently revoked for any violation of Combat Center regulations or for any of the reasons listed in the current CCO 1740.1 (series).
 6. _____ I agree to, upon the request of proper authority, immediately cease personal commercial activities. Proper authority is defined as military police in the performance of their duties and commanding officers or their designated representatives within the command's geographic area of responsibility. I further understand the Office of the Staff Judge Advocate is the responsible authority in the resolution of all matters pertaining to the provisions of the current CCO 1740.1 (series) and that those decisions are final.
 7. _____ I certify that, to the best of my knowledge, I am fully qualified to solicit aboard the Combat Center.
 8. _____ The service or commodity I intend to solicit, deliver, or provide is: _____
 9. _____ I understand that approval for personal commercial solicitation is valid for one full year from the date of this letter, and upon the completion of said time, renewal must be requested by written correspondence.
 10. _____ I understand that as a resident of Family Housing on-base, I must also obtain approval of my solicitation/business venture/commercial enterprise from the Family Housing Office. Upon registration with SJA, I will submit an AA form to the Family Housing Office via SJA.

PRINTED NAME	COMPANY NAME
MAILING ADDRESS	COMPANY ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
HOME TELEPHONE	BUSINESS TELEPHONE
SIGNATURE OF APPLICANT	DATE

APPROVAL:

MCCS RECOMMENDS: APPROVE DISAPPROVE

SIGNATURE MCCS REPRESENTATIVE DATE

PRINTED NAME

DATE BACKGROUND CHECK COMPLETE (PMO)

PMO INITIALS/SEAL

TITLE

SJA RECOMMENDS: APPROVE DISAPPROVE

SIGNATURE CHIEF OF STAFF DATE

SIGNATURE SJA DATE

PRINTED NAME

EXPIRATION DATE