



CVN Tour Request Form



PRIVACY ACT STATEMENT

1. **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy.
2. **PRINCIPAL PURPOSE:** To maintain a record of correspondence received and responses made.
3. **ROUTINE USES:** To assist CNAL PAO office in processing your tour request.
4. **DISCLOSURE:** Voluntary. However, failure to provide the information solicited may result in denial of your tour request.

Please fill out this form in its entirety and email to CNAL_Tours@NAVY.MIL, subject **TOUR REQUEST/ DATE**. All requests are processed 3 weeks in advance. We look forward to working with you!

Today's Date: _____ Phone: _____

Requestor Name: _____ Email: _____

Group Name: _____ Group Size: _____

**Max 50 Guests per Group*

Additional Details:

Please provide a brief summary of special requests, group description, extra contact info, etc.

**For requests larger than 50 guests, the group may be split into multiple groups to accomidate, across different time slots.*

Requested Tour Date: _____ Time: 10am or 1pm

Does your group have base access? Yes No

Is your group visiting any other commands? Yes No Name: _____

Any senior military? (O-6 or above, active or retired) Yes No

***** FOR OFFICAL USE ONLY *****

Date Received: _____ Tracking Code: _____

Notes: _____

Unit Assigned: _____

POC: _____

We do our best to accommodate all tour requests, however availability cannot be guaranteed due to operational schedules.