

C4 Pass Plan

Prior to departing on a Commander-approved pass, affix this complete pass form to the outside of your door.



Person Requesting Pass

Name (Last, First M):	Reachable Phone# During Pass:
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Point of Contact (POC) During Pass – *someone who the chain of command can contact alternatively to communicate with the person requesting pass*

Name (Last, First M):	Reachable Phone# During Pass:
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Primary Address During Pass – *where majority of time during pass will be spent*

House/Apt#	Street	
City	State	ZIP Code

SP/EP for Pass Request

Start Point		End Point	
Time	Date	Time	Date

Transportation – *all major forms used during pass; annotate POV owners in parentheses, if any are used; Metro-North Train Schedules [link](#); Ferry [link](#)*

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Timeline

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Signature of Person Requesting Pass Date

Signature of First Line Supervisor Date

Signature of Platoon Leader Date

Any signature(s) acknowledge that accurate information is provided on this form and that discrepancies, if any found, will be perceived as an intent to deceive.