

		APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT <i>Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.</i>					OMB No. 0704-0415 OMB approval expires Jan 31, 2017		
SECTION I - SPONSOR/EMPLOYEE INFORMATION									
1. NAME (Last, First, Middle) Doe, John		2. GENDER M	3. SSN OR DOD ID NO. DoD#123456789	4. STATUS GRD-AD	5. ORGANIZATION USAF				
6. PAY GRADE E7	7. GEN. CAT II	8. CITIZENSHIP USA	9. DATE OF BIRTH (YYYYMMDD) *****	10. PLACE OF BIRTH					
11. CURRENT HOME ADDRESS 123 Smith St			12. CITY PANAMA CITY	13. STATE FL	14. ZIP CODE 32404-4642	15. COUNTRY USA			
16. PRIMARY E-MAIL ADDRESS damandamorgan@gmail.com		<input checked="" type="checkbox"/> Permission to use for benefits notifications		17. TELEPHONE NUMBER (Include Area Code/DSN)	18. CITY OF DUTY LOCATION	19. STATE OF DUTY LOCATION	20. COUNTRY OF DUTY LOCATION		
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS									
21. REMARKS (Cite legal documentation, as applicable.) Verified by DEERS: 									
NOTARY SIGNATURE AND SEAL									
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)									
22. SPONSOR/EMPLOYEE SIGNATURE 		23. DATE SIGNED (YYYYMMDD) 							
SECTION III - AUTHORIZED BY									
24. SPONSORING OFFICE NAME					25. CONTRACT NUMBER				
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)			27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)	28. OFFICE EMAIL ADDRESS	29. OVERSEAS ASSIGNMENT (Country)				
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)	31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)	32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)						
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.									
34. SPONSORING OFFICIAL NAME (Last, First, Middle)			35. UNIT/ORGANIZATION NAME						
36. TITLE			37. PAY GRADE	38. SIGNATURE					39. DATE VERIFIED (YYYYMMDD)
SECTION IV - VERIFIED BY									
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)		41. SITE IDENTIFICATION	42. TELEPHONE NUMBER (Include Area Code/DSN)	43. SIGNATURE 					
CLEMONS, DANIEL S		102331	904 741-7812						
SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)									
A 44. NAME (Last, First, Middle) Doe, Jane		45. GENDER F	46. DATE OF BIRTH (YYYYMMDD) *****	47. RELATIONSHIP SP	48. SSN OR DOD ID NO. DoD#987654321				
49. CURRENT HOME ADDRESS 123 Smith St		50. PRIMARY E-MAIL ADDRESS email@GMAIL.COM		<input checked="" type="checkbox"/> Permission to use for benefits notifications (18 and above)		51. TELEPHONE NUMBER (Include Area Code/DSN) (850)774-1234			
52. CITY TYNDALL AFB	53. STATE FL	54. ZIP CODE 32403-1031	55. COUNTRY USA	56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) 2017JAN19	57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) 2020AUG16				
B 58. NAME (Last, First, Middle) AND NO OTHERS		59. GENDER X	60. DATE OF BIRTH (YYYYMMDD) XXXXXXXXXX	61. RELATIONSHIP XXXXXX	62. SSN OR DOD ID NO. XXXXXXXXXXXX				
63. CURRENT HOME ADDRESS XXXXXXXXXXXXXXXXXXXX		64. PRIMARY E-MAIL ADDRESS XXXXXXXXXXXX		<input type="checkbox"/> Permission to use for benefits notifications (18 and above)		65. TELEPHONE NUMBER (Include Area Code/DSN)			
66. CITY XXXXXXXXXXXXXXXXXXXX	67. STATE XXX	68. ZIP CODE XXXXXXXXXX	69. COUNTRY XX	70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) XXXXXXXXXX	71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) XXXXXXXXXX				
SECTION VI - RECEIPT									
Receipt of new card is acknowledged.									
72. SIGNATURE					73. DATE ISSUED (YYYYMMDD)				