


**APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT**  
Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

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) *****	
11. CURRENT HOME ADDRESS 123 Smith St			12. CITY PANAMA CITY	13. STATE FL	14. ZIP CODE 32404-4642
16. PRIMARY E-MAIL ADDRESS damandamorgan@gmail.com			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)  
20181029


**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) CLEMONS, DANIEL S	41. SITE IDENTIFICATION 102331	42. TELEPHONE NUMBER (Include Area Code/DSN) 904 741-7812	43. SIGNATURE 
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**SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)**

A 44. NAME (Last, First, Middle) Doe, Iane		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	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. XXXXXXXXXX
63. CURRENT HOME ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXX			64. PRIMARY E-MAIL ADDRESS	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)
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