

APPLICATION FOR DA CIVILIAN IDENTIFICATION CARD (DA FORM 1602)

LAST NAME: _____ FIRST NAME: _____ FULL MIDDLE: _____
ORGANIZATION: _____ STATUS: NAF CONTR CIVIL SVC RETIREE
ACCESS TO OTHER INSTALLATIONS REQUIRED: GOLD STAR FAMILY MEMBER OTHER
 YES NO EXPIRATION DATE: (EXCEPT RETIREES) < _____
SSN: _____ DATE OF BIRTH: (DD/MM/YY) _____ WT: _____ HT: _____
COLOR HAIR: _____ EYES: _____ GENDER: F M DRIVER LICENSE STATE: "____"

SECTION 2: TYPED NAME, GRADE, ORGANIZATION OF APPROVING OFFICIAL: _____
DUTY PHONE: _____
SIGNATURE _____ DATE SUBMITTED: _____

SECTION 3: FOR USE BY DPTMS INTEL SECURITY DIVISION "AS DEFINED BELOW"
FAVORABLY ADJUDICATED INVESTIGATION VERIFIED BY INTEL:
 YES NO
CHECK COMPLETED BY: _____ DATE CHECK COMPLETED: _____

SECTION 4: FOR USE BY DIRECTORATE OF EMERGENCY SERVICES ONLY
FAVORABLE LAW ENFORCEMENT NCIC BACKGROUND CHECK COMPLETED BY DES:
 YES NO
CHECK COMPLETED BY: _____ DATE CHECK COMPLETED: _____

SECTION 5: FOR USE BY DHR AND MILITARY PERSONNEL OFFICE ONLY
ID CARD NUMBER: _____
DATE ISSUED- (DD/MM/YY): _____
ISSUED BY: _____
OFFICE REMARKS: _____

PRIVACY ACT STATEMENT
AUTHORITY: E O. 9397,31 U.S.C.
PRINCIPAL PURPOSE: SSN and DOB required to confirm identity against two (2) other forms of identification and complete HSPD-12 requirements.
ROUTINE USES: This information may be disclosed as generally permitted under 5 U.S.C. of the Privacy Act of 1974.
DISCLOSURE: Voluntary; however, failure to provide requested information may preclude issuance of DA Form 1602 (DA Civilian ID Card).