

**INTRUSION DETECTION SYSTEM (IDS)
PERSONAL IDENTIFICATION CODE (PIC) REQUEST FORM**
For use of this form see FB Reg 190-13-1; the proponent is DES, Physical Security

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, U.S.C. Section 301
PRINCIPAL PURPOSE: To provide information on individuals authorized access to ICIDS protected facilities.
ROUTINE USES: Validate security requirement.
DISCLOSURE: Voluntary, however authority to process access will be withheld from individuals who do not provide information.

SECTION A - UNIT INFORMATION

(Must be fully completed)

1. Unit/Activity Address: (Complete physical address)			2. To: ICIDS Administrator Physical Security Division Fort Bragg, NC 28310		3. Date: (dd/mm/yyyy)
4. Bldg #:	5. Zone ID #	6. Asset Cat.	7. Street/Road:	8. Cross Reference Street(s):	

SECTION B - ON-CALL/AFTER HOURS ORGANIZATIONAL CONTACTS

(Information is required)

1. Staff Duty Phone:	2. Brigade/Group Staff Duty Phone:
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SECTION C - PIC AUTHORIZATION

(Must include all personnel authorized to receive PICs e.g., primary and alternate(s) custodian(s))

Last Name	First Name	MI	Grade	Last 4 of SSN	Contact Phone #

SECTION D - Commander's/Facility Manager's Certification

(Must be signed by Commander/Facility Manager only)

1. Signature:	2. Date: (dd/mm/yyyy)	3. Phone:
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INSTRUCTIONS FOR COMPLETING IDS PIC REQUEST FORM

1. Purpose. This form is used to identify ICIDS locations, list emergency after duty hour POCs, and to issue PICs for ICIDS protected facilities. This form is to be generated anytime there is a change of personnel, to include but not limited to; change of commander (CDR) facility manager (FM), PIC holder resulting from PCS, ETS or at anytime there is an actual or suspected sharing or compromise of a user's PIC.

2. Prohibited Use of PICs. The actual or suspected sharing of PICs is **strictly prohibited** and will result in the immediate deletion of the user's PIC in question and may result in non-judicial punishment or disciplinary action.

3. General Instructions:

- a. Previous versions of this form are obsolete and will no longer be accepted.
- b. An updated DES IDS PIC Form will result in the immediate deletion of all PICs for the ICIDS facility previously listed on the superseded form.
- c. All information on the DES IDS PIC Form must be legible and completely filled out.
- d. ICIDS protected facilities must have a primary and at a minimum one alternate custodian.
- e. Host CDRs of consolidated arms rooms must sign a consolidated DES IDS PIC form for each separate unit's personnel requiring a PIC.
- f. The original DES IDS PIC Form will be submitted to the ICIDS Administrator for processing. A copy will be retained by the organization in the ICIDS protected area IAW regulatory requirements. Personnel listed on DES IDS PIC form must be listed on the organization's Unaccompanied Access List/Roster.
- g. PIC issuance requires the following documents:
 - (1) Completed DES IDS PIC Form (must be completed and legible).
 - (2) Completed DA Form 7281-R, Command Oriented Arms, Ammunition, and Explosives (AA&E) Security Screening and Evaluation Records (Background check).
 - (3) Valid military or DoD identification card.
 - (4) Copy of the Commander's/Facility Manager's Assumption of Command Orders, if there has been a change of Commander/Facility Manager.

4. Specific Instructions:

- a. **Section A - (Unit Information):**
 - (1) Unit/Activity Address: Type the unit/activity responsible for the facility. Example: A Co, 123rd Bn, etc.
 - (2) DES Address
 - (3) Date: Enter as dd/mmm/yyyy.
 - (4) Bldg #: Enter the building number in which the facility is located.
 - (5) Zone ID #: This is normally the building designator associated with the ICIDS facility, ie., A, B, C, D, etc.
 - (6) Asset Category: Select from drop down box applicable asset, ie., AA&E, COMSEC, Fund Storage, etc.
 - (7) Street/Road: Enter the nearest street name to the protected facility.
 - (8) Cross Reference Street(s): Enter the nearest intersecting or cross street (may be located two or three blocks away).
- b. **Section B - (On-Call/After Hours Organizational Contacts):**
 - (1) Staff Duty Phone: Enter the phone number for the Staff Duty/NCO and, if available, a pager number.
 - (2) Brigade/Group Staff Duty Phone.
- c. **Section C- (PIC Authorization)**

Enter the Last, First Name, Middle Initial, Grade, last 4 of SSN and a contact telephone number of person(s) requiring a PIC.
- d. **Section D- (Commander's/Facility Manager's Certification):** Self explanatory.

