REPORT OF LOST NEXT GENERATION (USID)

Date

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice AUTHORITY: 5 U.S.C. 301; DoD Directive 1000.13; Army Regulation 600-8-14; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE: To record/report lost, or damaged USID and Uniformed Services Identification Cards and to ensure Defense Enrollment Eligibility Reporting System (DEERS) enrollment integrity.

ROUTINE USES: Information may be disclosed to law enforcement or security officials in the performance of their duties, and to other DoD components as required for the administration of law and order, security, and personnel management programs. Additional routine uses are listed in the applicable System of Records Notice.

DISCLOSURE: Mandatory for card issuance. Failure to provide requested information may result in denial of a replacement ID card.

NOTE: This form will be presented to the Identification Card Center of Presidio of Monterey, Building 616 Room 111.

1. Card Holder's Information:

a. Name (Last, First, MI)	b. Grade/Rank	c. DOD ID#

2. Status: ☐ USAR(IRR)/Inactive NG ☐ Sponsor ☐ Dependent **FOR VO USE ONLY**

3. Unit/Agency:

4. BACKGROUND INFORMATION:

a. I am reporting the loss of my identification card. I have conducted a thorough search for my identification card with no results. If located subsequent to the issuance of a replacement card, I will return the recovered card to the Identification Card Center. I understand that to maintain two identification cards in my possession is a violation of federal law and may result in imprisonment for up to 5 years and fines up to$250K IAW 18 U.S.C.ss 287 and 1001.

b. I acknowledge that I am responsible for maintaining positive control of my USID at all times. I will safeguard my USID to prevent loss or misuse.

c. The circumstances surrounding the loss of my identification card are as follows: (Print neatly with an ink pen)

5. CARD HOLDER'S SIGNATURE: Date

6. This is my____USID lost. The cardholder has been counseled regarding the loss of the ID card.

☐ First

_____ _____

Sponsor printed name / Rank / Grade Sponsor Signature/Date

☐ Second

_____ _____

DHR Director printed name DHR Director Signature/Date

☐ Third +

_____ _____

Garrison CDR/Deputy Garrison CDR printed name Garrison CDR/Deputy Garrison CDR Signature/Date

7. DEER/ID Cards VO: **FOR OFFICIAL USE ONLY**

_____ _____

Name Date

_____

Signature

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