

<b>REPORT OF LOST OR STOLEN IDENTIFICATION CARD</b> For use of this form, see AR 600-8-14						Date:
<b>NOTE: This form will be presented to the Identification Card Center (Building 616) for re-issuance</b>						
<b>1. SPONSOR / EMPLOYEE INFORMATION:</b>						
Name (Last, First, MI)			Grade / Rank	Unit / Company	Full SSN	
DOB (dd-mmm-yyyy)	Age	Sex	Drivers License # / State	Place of Birth (City, State, Country)		
Resident Address			Employment Address		Work Phone #	
					Home Phone #	
<b>2. CARD TYPE:</b> <input type="checkbox"/> Military <input type="checkbox"/> Family Member <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor						
<b>3. FAMILY MEMBER NAME (if applicable):</b> (Last, First, MI)			DOB (dd-mmm-yyyy)	Age	Sex	Full SSN
Resident Address		Employment Address		Work Phone #	Drivers License # / State	
				Home Phone #	Place of Birth (City, State, Country)	
<b>4. BACKGROUND INFORMATION:</b>						
a. I am reporting loss / theft of my identification card.						
b. 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 Section in Building 616. I understand that to maintain two identification cards in my possession is a violation of regulations that may result in a fine of no more than \$10,000 or imprisonment for no more than 5 years (ACT, 25 June 1984, 18 USC 287, 1001).						
c. The circumstances surrounding the loss or theft of my identification card are the following: (Please print neatly with an ink pen. If needed, additional space is provided on page 2.)						
<b>Circumstances must include date, time, and location of loss or theft.</b>						
<b>5. CARD HOLDER SIGNATURE:</b>						DATE:
<b>6. Presidio of Monterey Police Department - Building 4468, Ord Military Community:</b>						
_____ reported a lost or stolen identification / Common Access Card to the following POM PD						
Name / Rank						
Representative _____		on _____		Report Number _____		
Name, Rank and Title		Date ((dd-mmm-yyyy))				
<b>7. CHAIN OF COMMAND (E-6 AND ABOVE) NOTIFIED:</b>						
_____		_____		Phone # _____		
Name / Rank		Signature				

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8. ADDITIONAL SPONSOR / EMPLOYEE INFORMATION:			
Height	Weight Pounds	Hair Color	Eye Color
Race	Ethnicity	Marital Status	Citizenship
Combat Deployments	MOS	Clearance	ETS Date (dd-mmm-yyyy)

9. ADDITIONAL FAMILY MEMBER INFORMATION (If Applicable):			
Height	Weight Pounds	Hair Color	Eye Color
Race	Ethnicity	Relationship to Sponsor	Citizenship

10. ADDITIONAL BACKGROUND INFORMATION:
<p><b>Circumstances must include date, time, and location of loss or theft.</b></p>

POM Form 600-1 (10 September 2020)