

**Memorandum of Understanding  
For  
Presidio of Monterey (POM)  
Common Access Card (CAC) and Uniformed Services Identification Card (ID Card) Users  
9 December 2013**

**Reference:** AFI 36-3026 IP, Vol. 1 (ID Cards for Members of the Uniformed Services, their Eligible Family Members, and other Eligible Personnel). All persons issued DD Form 2S (United States Uniformed Services ID Card), DD 2S (Active Guard and Reserve ID Card), DD Form 1173-1S (Department of Defense Guard and Reserve Family Member ID Card), DD Form 1173S (Uniformed Services Identification and Privilege Card) and DoD CAC (Uniformed Services ID Card for DoD Contractors, Employees, Uniformed Services, and National Oceanic and Atmospheric Administration), are individually and personally responsible for ensuring that the card is in their possession at all times, as appropriate. If required by military authority, it will be surrendered for identification investigation, or as collateral for a short period while visiting a controlled or restricted area.

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**1. Understanding.** By signing this document, you acknowledge and consent that your individual ID Card is the property of the U.S. Government and must be safeguarded against fraudulent use, loss, or mutilation. Its loss must be immediately reported to the POM Police Department to obtain a police report. Repetitive loss of ID Cards may result in adverse actions.

**For Service Members who have lost, misplaced or experienced theft of their ID Card:**

- You must have a signed counseling statement (E-8/Master Sergeant/First Sergeant or Service equivalent) from your unit.
- You must bring two forms of photo identification upon receiving your new ID Card.
- A police report of the incident must be provided to the ID Card Facility before a new ID Card can be issued. You **MUST** obtain a police report in person from the POM Police Department, Ord Military Community (OMC), 4468 Gigling Road, Seaside, CA 93955. Contact numbers are: (831) 242-7851, 7852, or 7853.

**For Civilian Employees who have lost, misplaced or experienced theft of their ID Card:**

- You must have a signed statement from your supervisor.
  - A police report of the incident must be provided to the ID Card Facility before a new ID Card can be issued. You **MUST** obtain a police report in person from the POM Police Department, OMC, 4468 Gigling Road, Seaside, CA 93955. Contact numbers are: (831) 242-7851, 7852, or 7853.
  - You must report the incident to the Civilian Personnel Advisory Center (CPAC) prior to issuance of a new card.
  - You must obtain a DD Form 1172 from the CPAC to acknowledge that you reported the incident prior to being issued a new ID Card.
  - You must bring the DD Form 1172 with you to receive a new ID Card with two forms of photo identification.
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**SENT ON BEHALF OF POM POLICE DEPARTMENT:**

**NOTICE: Procedures for reporting lost or stolen ID Cards with new fillable POM Form 600-1**

**Attached is a fillable / drop down POM Form 600-1, Report of Lost or Stolen Identification Card.**

**The individual who is reporting must complete all highlighted areas on page 1 & 2 of POM Form 600-1. This includes their command representative digitally signing the form, then faxing it to 831-242-7740.**

**POM PD Desk Sergeant will complete and file the report and assign a case number. The Desk Sergeant will then fax back the POM Form 600-1 with the case number which will be needed to obtain a new Identification Card. If you are not able to fax the form to POM PD you will need to call the on-duty Desk Sergeant at 831-242-6157 to make other arrangements.**

**NOTE: Important to provide a call back number in case the Desk Sergeant has questions concerning your report.**

**Point of Contact: Captain Jimmy R. Webb, Police Patrol Operations (831) 242-6473**

| <b>REPORT OF LOST OR STOLEN IDENTIFICATION CARD</b><br>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): (Last, First, MI)</b>  |          |                      | 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.<br>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).<br>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>   |          |                      |                           |                                       |                                       | <b>DATE:</b> |
| <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            |                           |                                       |                                       |              |

