



**DEPARTMENT OF THE NAVY**  
**PERSONNEL SUPPORT ACTIVITY WEST**  
**937 NORTH HARBOR DRIVE**  
**SAN DIEGO, CALIFORNIA 92132-0076**

**IN REPLY REFER TO:**

PERSUPPACTWESTINST 1750.2E  
Code N3  
15 Jan 04

**PERSUPPACT WEST INSTRUCTION 1750.2E**

Subj: IDENTIFICATION (ID) CARDS FOR MEMBERS OF THE UNIFORMED SERVICES,  
THEIR DEPENDENTS, AND OTHER ELIGIBLE INDIVIDUALS

Ref: (a) BUPERSINST 1750.10A

Encl: (1) Bulk Stock/Issue Tracking Sheet  
(2) End of Day Balance Sheet  
(3) DD Form 1172  
(4) DD Form 1172-2

1. Purpose. To establish standardized policy for the issue and control of subject identification cards (ID cards) within the Personnel Support Activity (PSA) West network and to ensure compliance with requirements set forth in reference (a).

2. Cancellation. PERSUPPACTSANDIEGOINST 1750.2D

3. Background. Armed Forces of the United States ID cards are issued to assist in identifying the bearer and establishing the bearer's position as a member of the Armed Forces in an active, reserve, or retired status. The Uniformed Services Identification and Privilege Card is used throughout the Department of Defense to identify certain persons eligible for benefits and privileges. A special Geneva Convention Identity Card is issued to Medical, Dental, and Chaplain Corps personnel to further identify them as non-combatants under the Geneva Convention. The goal is to take every possible action to eliminate fraudulently obtained ID cards. While proper verification of the ID card application can be time consuming, the verification process is of utmost importance.

4. Responsibility. Each Personnel Support Activity Detachment (PSD) within PSA West network is responsible for the procurement, control, verification, and issue of subject ID cards.

5. Action. PSDs shall ensure the following procedures are followed in the issuance and control of ID cards:

a. Coordination

(1) Establish liaison with customer commands during high volume periods (16 Apr/16 Jun/16 Aug/16 Dec) and arrange special procedures, which may be required to efficiently process personnel being advanced/frocked.

(2) Ensure customer commands are informed of ID card issuing hours and requirements.

(3) E-6 and below personnel who require replacement of lost or stolen ID cards, must have an approved special request chit signed by their command before an application is prepared and ID card issued.

b. Issuance Procedures

(1) Within the PSA West network, ID cards are issued at PSDs and designated Reserve Center(s). Any of these locations can issue ID cards to anyone who is authorized to receive an ID card and have the proper completed form(s) and documents.

(2) ID card issuing sections shall remain open at all times during normal working hours, providing continuous service throughout the work day.

(3) ID Card Types. Currently there are two types of Armed Forces of the United States ID cards issued: Common Access Card (CAC) and the Teslin card. CACs are issued to members of the active duty uniformed services, selective reserves, federal civilian employees, designated DOD contractor personnel and Presidential Appointees. The Teslin ID card is issued to dependents of active duty uniformed service personnel, retired military members and members of the inactive reserve forces.

(4) Requirements for CAC Issuance:

(a) All military and civilian employees (including appropriated and non-appropriated funded and direct and indirect hire foreign nationals) must bring the following:

1. A completed DD-1172 or DD-1172-2. Active duty military submit a completed DD Form 1172 (enclosure 3). Civilian and contractors submit a completed DD 1172-2 (enclosure 4).

2. A Government issued picture ID (Passport, Driver's license, etc.).

3. Your Government unclassified e-mail address, if you use a government computer. Be sure to print clearly your full/unclassified Internet email address (not your display name). Your computer system administrator can assist you with documenting your email address. Personal email addresses (e.g., AOL accounts) will not be accepted.

4. A six (6) to eight (8) digit number to use as a Personal Identification Number (PIN). It should not be a number derived from something easily known about you, such as part of your SSN, birthday, telephone number, address or anniversary date of you or a family member.

(b) New DoD Civilians Employees, Government Contractors, or others not listed must bring the following:

1. A completed DD Form 1172-2 (enclosure 4).

2. Two (2) Government issued picture IDs

3. Your unclassified Government email address

4. A six (6) to eight (8) digit number to use as a PIN.

For further information, visit the DMDC web site [www.dmdc.osd.mil/smartcard/](http://www.dmdc.osd.mil/smartcard/)

c. Specific Requirements for DD Form 1172

(1) Each ID Card recipient will sign DD Form 1172 per reference (a).

(2) Do not change the sponsor's paygrade in DEERS when issuing ID cards for personnel who are in a frocked status. DFAS Cleveland Center will automatically update paygrade when the sponsor is actually advanced or promoted. Prepare DD Form 1172 with the member's actual paygrade, then make pen and ink change to reflect the frocked paygrade.

(3) Retain all active duty DD Form 1172, except dependents' DD 1172, which will be mailed per reference (a). Do not file a copy of DD 1172 in the enlisted service record.

d. ID Card Tracking

(1) Enclosure (1) shall be maintained by a Bulk Custodian. PSD Officers in Charge (OIC) will delegate this responsibility to the Assistant Officer in Charge (AOIC), or in the absence of an AOIC, a Master, Senior, or Chief Petty Officer designated in writing. The Bulk Stock Custodian cannot be the Ready-Issue Custodian. The Ready-Issue Custodian must also be designated in writing.

(2) Bulk stocks of ID cards received shall be entered in the tracking sheet, showing date received, type, number received, and running balance. A copy of the order form and shipping list will be kept on file for five years.

(3) ID cards issued to the designated Ready-Issue Custodian within the Detachment shall be signed for using enclosure (1), indicating date, quantity, and type. Bulk Custodians must ensure that stock of ID cards held by the Ready-Issue Custodian is sufficient but not excessive.

(4) Requests for ID card and lamination stock from other commands must be submitted in writing using command letterhead. An endorsement is required upon receipt of the stock. Bulk Custodians will maintain these letters on file and annotate enclosure (1).

e. Controls

(1) ID Card Audit Trail Report and Transaction Reports will be printed daily and kept on file for two years. All voided ID cards shall be properly annotated on the ID Card Audit Trail Report. The total number of ready-issue ID cards and lamination will initially be entered, using enclosure (2), prior to commencing customer service. This sheet will be completed to reflect the total number of used and voided ID cards/lamination at the end of each working day. This sheet will be prepared, completed, and signed by the ID Card Issuing Clerk and witnessed by the supervisor on a daily basis.

(2) PSD OIC's shall personally review their Detachment ID card Bulk Stock and Ready-Issue Tracking Sheets at the end of each month and sign after the last entry, certifying completion and accuracy. Above the OIC's signature shall contain the following statement: "Reviewed and certified correct" must be annotated above the OIC'S signature.

f. RAPIDS Report (Under 21 To Over 21)

(1) RAPIDS Site Security Manager or ID Card Bulk Custodian must print this report regularly, preferably on a weekly basis, using the following procedures.

- (a) After logging on to RAPIDS, go to tool bar and select "Tools."
- (b) Select "Transaction Report."
- (c) Fill in begin and end dates.
- (d) Go to "Site Column" and click on "Selection," then click on your site.
- (e) Go to "Verifying Official column," and click on "All."
- (f) Go to tool bar at the bottom of Transaction Report Criteria

Box:

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1. Click on "Advanced."
  - a. Click on "Under 21 to Over 21 DOB Changes."
  - b. Click "OK."
2. Click on "Sort Group."
  - a. Go to "Choose from Column" and click on "VO Account ID."
    - b. Click on the ">>" (double right-faced arrows) button and place it in the "Chosen Column."
    - c. Click "OK."
3. Click on "Print."

(2) If there are no transactions of this kind for your site, you will get a "RAPIDS for your information" box that states: "No records found for selected criteria. Report not generated.."

(3) If there are transactions, they will be printed on the report. The report will contain the Transaction Date/Time, VO User ID, Sponsor ID, Dependent ID, Relationship, Sponsor/Dependent Full Name, Transaction Type, and Branch.

(a) Return to DEERS database to print recipient's "Characteristics" screen.

(b) Go to service record POLL system to verify recipient's birth date (if Navy).

  
CAROLINE B. KONCZEY

Distribution:  
PERSUPPACTWESTINST 5216.1K, Lists I and II





## END OF THE DAY BALANCE

Date: \_\_\_\_\_

TRANSACTION	ACTIVE	DEPENDENT	RETIRED	RESERVE	LAMINATION
BALANCE FWD (+)					
NEW STOCK (+)					
<b>TOTAL READY- ISSUE STOCK (=)</b>					
ISSUED (-)					
VOIDED (-)					
<b>BALANCE (COB)</b>					

**Note:** BALANCE (COB) = Total Ready-Issue Stock – (Issued + Voided)

Submitted by: \_\_\_\_\_  
Ready-Issue Clerk's Signature

Verified by: \_\_\_\_\_  
Supervisor's Signature

Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

MARK HERE FOR GUARD  
OR RESERVE PRE-  
ELIGIBILITY →

**APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD  
DEERS ENROLLMENT**

Form Approved  
OMB No. 0704-0020  
Expires Aug 31, 1999

<b>SECTION I SPONSOR INFORMATION</b>	1. NAME (Last, First, Middle)			2. SEX	3. SSN (or SN)		4. STATUS		5. BR OF SERVICE		
	6. PAY GRADE		7. RANK	8. GEN. CAT	9. TYPE OF CARD ISSUED		10. ID NO.		11. LAST UPDATE (YYYYMMDD)		12. V/I
	13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION					
	15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY	19. UIC		20. HOME TELEPHONE NO. (Include Area Code)	
	21. DATE OF BIRTH (YYYYMMDD)		22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT		26. WEIGHT		27. MEDICARE	28. MARITAL STATUS
	29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) <b>MC MS C MWR EU EL</b>						32. END ELIG REASON

<b>SECTION II DEPENDENT INFORMATION</b>	33. NAME (Last, First, Middle)			34. SEX	35. RELATIONSHIP		36. SSN		37. ID NO.			
	38. LAST UPDATE (YYYYMMDD)		39. V/I	40. CURRENT RESIDENCE ADDRESS				41. SUPPLEMENTAL ADDRESS INFORMATION				
	42. CITY			43. STATE	44. ZIP CODE		45. COUNTRY	46. HOME TELEPHONE NO. (Include Area Code)		47. DATE OF BIRTH (YYYYMMDD)		
	48. MBI	49. STU	50. INCAP	51. MEDICARE	52. COLOR EYES	53. COLOR HAIR	54. HEIGHT		55. WEIGHT		56. MARITAL STATUS DATE (YYYYMMDD)	
	57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) <b>MC MS C MWR EU EL</b>						60. END ELIG REASON	
	61. NAME (Last, First, Middle)			62. SEX	63. RELATIONSHIP		64. SSN		65. ID NO.			
	66. LAST UPDATE (YYYYMMDD)		67. V/I	68. CURRENT RESIDENCE ADDRESS				69. SUPPLEMENTAL ADDRESS INFORMATION				
	70. CITY			71. STATE	72. ZIP CODE		73. COUNTRY	74. HOME TELEPHONE NO. (Include Area Code)		75. DATE OF BIRTH (YYYYMMDD)		
76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT		83. WEIGHT		84. MARITAL STATUS DATE (YYYYMMDD)		
85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) <b>MC MS C MWR EU EL</b>						88. END ELIG REASON		

<b>SECTION III SPONSOR DECLARATION AND REMARKS</b>	89. REMARKS (Cite legal documentation, as applicable.)								NOTARY SIGNATURE AND SEAL			
	<p>I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)</p>											
	90. SIGNATURE								91. DATE SIGNED (YYYYMMDD)			

<b>SECTION IV VERIFIED BY</b>	92. TYPED NAME (Last, First, Middle)			93. PAY GRADE		94. UNIT/COMMAND NAME					
	95. TITLE			96. UIC		97. DUTY PHONE NO.		98. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
	99. SIGNATURE			100. DATE VERIFIED (YYYYMMDD)							

<b>SECTION V ISSUED BY</b>	101. TYPED NAME (Last, First, Middle)			102. PAY GRADE		103. UNIT/COMMAND NAME					
	104. TITLE			105. UIC		106. DUTY PHONE NO.		107. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
	108. SIGNATURE			109. DATE ISSUED (YYYYMMDD)							

<b>SECTION VI RECEIPT</b>	<b>RECEIPT OF NEW CARD IS ACKNOWLEDGED</b>										
	110. SIGNATURE								111. DATE ISSUED (YYYYMMDD)		

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0020), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.  
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY.**

### SECTION VII - PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. §§ 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, E.O. 9397.

**PRINCIPAL PURPOSE(S):** To apply for the Uniformed Services Identification Card and/or DEERS Enrollment.

**ROUTINE USE(S):** Information may be released to appropriate business entities, individual providers of care, and others, on matters relating to claims adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are practiced to assure that an individual eligible under a Federal program is not receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in denial of Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System.

### SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee,

as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS  
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR  
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

*(ACT June 25, 1948, 18 U.S. Code 287, 1001)*

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY →		APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT				Form Approved OMB No. 0704-0415 Expires Mar 31, 2004			
SECTION I EMPLOYEE INFORMATION	1. NAME (Last, First, Middle)			2. SEX	3. SSN	4. STATUS	5. ORGANIZATION		
	6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH (YYYYMMDD)	10. PLACE OF BIRTH		11. LAST UPDATE (YYYYMMDD)	12. V/I	
	13. CURRENT RESIDENCE ADDRESS				14. SUPPLEMENTAL ADDRESS INFORMATION				
	15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY	19. OFFICE E-MAIL ADDRESS	
	20. CITY OF DUTY LOCATION			21. STATE OF DUTY LOCATION	22. COUNTRY OF DUTY LOCATION		23. ALTERNATIVE E-MAIL ADDRESS		
	24. SPONSORING OFFICE NAME						25. CONTRACT NUMBER		
	26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)						27. SPONSORING OFFICE TELEPHONE NUMBER		
	28. SUPPLEMENTAL ADDRESS INFORMATION						29. OVERSEAS ASSIGNMENT (Country)		
	30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)		32. TYPE OF CARD ISSUED			
	33. ELIG ST/EFF DATE (YYYYMMDD)			34. CARD EXPIRATION DATE (YYYYMMDD)		35. SUPPLEMENTAL ASSIGNMENT INFORMATION			
SECTION II EMPLOYEE DECLARATION AND REMARKS	36. REMARKS (Cite legal documentation, as applicable.)						NOTARY SIGNATURE AND SEAL		
	I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)								
	37. SIGNATURE						38. DATE SIGNED (YYYYMMDD)		
SECTION III AUTHORIZED/VERIFIED BY	I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires a CAC in the performance of their duties with the Uniformed Services.								
	39. TYPED NAME (Last, First, Middle)				40. UNIT/ORGANIZATION NAME				
	41. TITLE		42. PAY GRADE	43. DUTY PHONE NO.		44. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code)			
	45. SIGNATURE			46. DATE VERIFIED (YYYYMMDD)					
SECTION IV ISSUED BY	47. TYPED NAME (Last, First, Middle)			48. PAY GRADE		49. UNIT/COMMAND NAME			
	50. TITLE		51. UIC	52. DUTY PHONE NO.		53. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
	54. SIGNATURE			55. DATE ISSUED (YYYYMMDD)					
SECTION V RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								
	56. SIGNATURE						57. DATE ISSUED (YYYYMMDD)		

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0415), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.**

**RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended.

**PRINCIPAL PURPOSE(S):** To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized, for DoD benefits or privileges. To authenticate the identity of the authorizing/verifying official for security or auditing purposes.

**ROUTINE USE(S):** To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government facilities, computer systems, networks, and controlled areas.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits and privileges if otherwise authorized.

[For contractor personnel who are not required to have a National Agency Check only: Failure to provide a social security number will not result in denial of the Card, enrollment in DEERS, access to facilities or networks, or if eligible for, receipt of DoD benefits and privileges (other than non-emergency health care services), provided alternative means of identification (original birth certificate, passport, etc.) are voluntarily furnished upon request. However, submission of alternative identification may cause substantial delays; and if not provided, may result in denial of the Card, non-enrollment, refusal of access, and denial of benefits and privileges.]

## INSTRUCTIONS

Instructions for the DD Form 1172-2 can be found at:  
[http://www.dmdc.osd.mil/smartcard/docs/1172-2\\_Instructions.pdf](http://www.dmdc.osd.mil/smartcard/docs/1172-2_Instructions.pdf)