

Please read Privacy Act Statement and Agency Disclosure Notice 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. HOME E-MAIL ADDRESS	
	20. CITY OF DUTY LOCATION			21. STATE OF DUTY LOCATION	22. COUNTRY OF DUTY LOCATION	23. OFFICE 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 verifying official, the signature must be notarized.)							
	37. SIGNATURE						38. DATE SIGNED (YYYYMMDD)	
SECTION III AUTHORIZED/ VERIFIED BY	39. TYPED NAME (Last, First, Middle)			40. SSN	41. UNIT/ORGANIZATION NAME			
	42. TITLE		43. PAY GRADE	44. DUTY PHONE NO.	45. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code)			
	46. SIGNATURE			47. DATE VERIFIED (YYYYMMDD)				
SECTION IV ISSUED BY	48. TYPED NAME (Last, First, Middle)			49. PAY GRADE	50. UNIT/COMMAND NAME			
	51. TITLE		52. UIC	53. DUTY PHONE NO.	54. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
	55. SIGNATURE			56. DATE ISSUED (YYYYMMDD)				
SECTION V RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED							
	57. SIGNATURE						58. 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.

**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, 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 only: Failure to provide a social security number will not result in denial of 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.)