

# APPLICATION FOR IDENTIFICATION CARD

## TO BE FILLED IN BY ISSUING AUTHORITY

ISSUE DATE	EXP DATE	CARD SERIAL NO
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CHECK TYPE OF CARD ISSUED

<input type="checkbox"/> DLA FORM 572	<input type="checkbox"/> DLA FORM 1486	<input type="checkbox"/> DLA FORM 1486-1	<input type="checkbox"/> DLA FORM 572-A
<input type="checkbox"/> DLA FORM 572-B	<input type="checkbox"/> TENANT	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OTHER

PRIVACY ACT STATEMENT

**AUTHORITY:** Section 2 1, Internal Security Act of 1 950 (Public Law 831, 81st Congress); DoD Directives 5200.8 and 5105.22.

**PURPOSE:** Identification of employees of the Defense Logistics Agency (DLA) who require access to DLA activities and facilities.

**ROUTINE USE(S):** Information may be supplied for those routine uses listed in DLA System Notice S500.50DLA-1 as follows: To GSA protective service personnel to control access to and movement on DLA facilities. It is also used for any of the DLA blanket routine uses set forth at the beginning of DLA's listing of systems of records notices.

**DISCLOSURE:** Disclosure of required information is voluntary. Refusal to provide information, however, may result in denial of access to DLA facilities and activities.

1. NAME (Last, First, Middle) (Print or Type)	2. INSTALLATION OR ACTIVITY WHERE ISSUED
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3. ELEMENT WHERE EMPLOYED	4. OFFICE TELEPHONE NUMBER
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5. CHECK REASON FOR REQUESTING CARD

INITIAL USE    
  REPLACE LOST CARD (In Item 12, state circumstances in which card was lost and date it was reported to Issuing Authority)

CHANGE OF NAME OR APPEARANCE    
  REPLACE MUTILATED CARD    
  CORRECT AN ERROR    
  EXPIRED

RETIREMENT    
  OTHER (Specify):

6. SOCIAL SECURITY NUMBER	7. DATE OF BIRTH (Day, Month, Year)	8. EYES	9. HAIR	10. HEIGHT	11. WEIGHT
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12. REMARKS

13. SIGNATURE OF APPROVING AUTHORITY	14. DATE OF APPLICATION
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15. ACKNOWLEDGEMENT OF RECEIPT OF CARD (Signature)	16. DATE ACKNOWLEDGED
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