MCIEAST-MCB CAMLEJ-5512.1-01

| REPORT OF LOST OR STOLEN IDENTIFICATION CARD  |  |   |  | Date  |
|---|--|---|--|---|
| Information contained on this form is maintain Systems (DEERS) (November 21, 2012, 77) Standard for Federal Employees and Contrain retirees, civilian employees (includes non-apappointees of all Federal Government agencies to support DoD health care management production of deceased members; to recordidentification of deceased members; to recordidentification cards; and to detect fraud and about of any debts incurred as a consequence 552a(b) (3). Disclosure: Mandatory for ID cares. | FR 69807). AUTHORITY: Homeland ctors; 38 CFR part 9.20, and E.O. 938 propriated fund) and contractor emploies. PURPOSE(S): To provide a datagrams, to include research and analy dithe issuance of DoD badges and ideabuse of the benefit programs by claim of such programs. ROUTINE USES: ded, these records may specifically be | Security Presidential Dire (SSN), as amended. Property of the DoD and all or abase for determining eligitical projects, through TRI entification cards, i.e., Comants and providers to include In addition to those discluders. | ective 12, Policy for<br>RINCIPLE: Memb<br>f the Uniformed Se<br>ibility for DoD entit<br>CARE Management<br>mmon Access Card<br>lude appropriate co<br>osures generally p | "a Common Identification ers, former members, ervices; Presidential lements and privileges; at Activity; to provide ls (CAC) or beneficiary bllection actions arising ermitted under 5 U.S.C. |
| NOTE: This form will be presented to the  | Identification Card Center, MCB Ca   | mLej-Bldg 59 or MCAS  | New River-Bldg A   | S 187 for re-issuance.  |
| 1. SPONSOR INFORMATION:   |  |   |  |   |
| a. Name (Last, First, MI)   | b. Grade/Rank  | C.  | Unit   |   |
| 2. CARD TYPE: Sponsor   | Family Member  | Civilian  |  | ontractor   |
| 3. FAMILY MEMBER NAME (If Applicable)   | (Last, First, MI):   |   | -  |   |
| 4. BACKGROUND INFORMATION:  | · · · · · · · · · · · · · · · · · · ·  |   |  |   |
| a. I am reporting a loss/theft of my identifi   | cation card  |   |  |   |
| return the recovered card to the Identification possession is a violation of regulations that r 18 USC 287, 1001).  c. The circumstances surrounding the los  | nay result in a fine of no more than 10  | ,000 or imprisonment for r  | no more than 5 yea   |   |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
| 5. CARD HOLDER'S SIGNATURE:   |  |   | Da   | ate   |
| 6. PROVOST MARSHAL'S OFFICE, $\mathbf{MCIE}_{A}$  | AST-MCB CAMLEJ-Bldg 3 or MCAS  | New River-Bldg AS 122   |  |   |
| (Name and Rank  | reported a l   | ost/stolen identification/co  | mmon access card   | to the following Provost  |
| •   | )  |   |  |   |
| Marshal representative  | (Name, Rank and T  | itle)   | on .   | (Date)  |
| Report Number   | (Name, Name and 1  | iuc)  |  | (Bate)  |
| Report Number   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
|   | (Name, Rank and Titl   | e)  |  |   |
| 7. CHAIN OF COMMAND (E-6 AND ABOV   | E) NOTIFIED:   |   |  |   |
| Name and F  | Rank   | Signature   |  |   |
| Billet  |  | Phone#  |  |   |