## MCIEAST-MCB CAMLEJO 5512.1

## MCIEAST-MCB CAMLEJ-5512.1-01

				Date
Information contained on this form is maintained under the Systems of Records Notice, DMDC 02 DoD, Defense Enrollment Eligibility Reporting Systems (DEERS) (November 21, 2012, 77 FR 69807). AUTHORITY: Homeland Security Presidential Directive 12, Policy for a Common Identification Standard for Federal Employees and Contractors; 38 CFR part 9.20, and E.O. 9397 (SSN), as amended. PRINCIPLE: Members, former members, retirees, civilian employees (includes non-appropriated fund) and contractor employees of the DoD and all of the Uniformed Services; Presidential appointees of all Federal Government agencies. PURPOSE(S): To provide a database for determining eligibility for DoD entitlements and privileges; to support DoD health care management programs, to include research and analytical projects, through TRICARE Management Activity; to provide identification of deceased members; to record the issuance of DoD badges and identification cards, i.e., Common Access Cards (CAC) or beneficiary identification cards; and to detect fraud and abuse of the benefit programs by claimants and providers to include appropriate collection actions arising out of any debts incurred as a consequence of such programs. <b>ROUTINE USES:</b> In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). Disclosure: Mandatory for ID card issuance.				
NOTE: This form will be presented to the Identification Card Center, MCB CamLej-Bldg 59 for re-issuance.				
1. SPONSOR INFORMATION:				
a. Name (Last, First, MI)	b. Grade/Rank		c. Unit	
2. CARD TYPE: Sponsor	Family Member	Civilian	,	Contractor
3. FAMILY MEMBER NAME (If Applicable) (Last, First, MI):				
4. BACKGROUND INFORMATION:				
a. I am reporting a loss/theft of my identification card.				
return the recovered card to the Identification Card Center or Provost Marshal's Office. 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). c. The circumstances surrounding the loss or theft of my identification card are as follows: (Print neatly with an ink pen)				
<ol> <li>5. CARD HOLDER'S SIGNATURE:</li> <li>6. PROVOST MARSHAL'S OFFICE, BLDG 60 R</li> </ol>	DOM 143			Date
(Name and Rank)	reported a lo	st/stolen identification	N/COMMON access c	ard to the following Provost
Marshal representative			on	
	(Name, Rank and Ti	tle)		(Date)
Report Number				
(Name, Rank and Title)				
7. CHAIN OF COMMAND (E-8 AND ABOVE/CIVILIAN SPONSOR) NOTIFIED:				
Name and Rank		Signati	ıre	
Billet		Phone	e#	
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