

REPORT OF LOST OR STOLEN IDENTIFICATION CARD		Date _____
<p>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). <b>AUTHORITY:</b> 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. <b>PRINCIPLE:</b> 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. <b>PURPOSE(S):</b> 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.</p>		
<b>NOTE: This form will be presented to the Identification Card Center, MCB CamLej-Bldg 59 for re-issuance.</b>		
<b>1. SPONSOR INFORMATION:</b>		
a. Name (Last, First, MI)	b. Grade/Rank	c. Unit
<b>2. CARD TYPE:</b> <input type="checkbox"/> Sponsor <input type="checkbox"/> Family Member <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor		
<b>3. FAMILY MEMBER NAME (If Applicable) (Last, First, MI):</b>		
<b>4. BACKGROUND INFORMATION:</b>		
a. I am reporting a loss/theft of my identification card.		
b. I have conducted a thorough search for my identification card with no results. If located subsequent to the issuance of a replacement card, I will 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)		
<b>5. CARD HOLDER'S SIGNATURE:</b>		
		Date _____
<b>6. PROVOST MARSHAL'S OFFICE, MCIEAST-MCB CAMLEJ Main Gate, Bldg 818</b>		
_____ reported a lost/stolen identification/common access card to the following Provost (Name and Rank)		
Marshal representative _____ (Name, Rank and Title)	on _____ (Date)	
Report Number _____		
_____ (Name, Rank and Title)		
<b>7. CHAIN OF COMMAND (E-8 AND ABOVE/CIVILIAN SPONSOR) NOTIFIED:</b>		
_____ Name and Rank	_____ Signature	
_____ Billet	_____ Phone#	