

APPLICATION FOR AFMC IDENTIFICATION CARD

(This Form Is Subject to the Privacy Act of 1974)

PRIVACY ACT STATEMENT

AUTHORITY: Title USC, Section 301, Departmental Regulation.

PRINCIPAL PURPOSE: To implement AFI31-101, The Air Force Installation Security Program.

ROUTINE USE: To request and record the issuance of AFMC Form 387, Air Force Materiel Command Identification Card and to request and record issuance of any identification credential when the use of another form has not been specified.

DISCLOSURE: Information requested on the form is mandatory. Failure to provide any of the requested information will result in non-issuance of AFMC identification credentials.

I hereby acknowledge receipt of the credentials indicated by my signature below and am fully aware of my responsibilities pertaining to their use. I will promptly return all credentials when they are not needed for my assigned duties or upon requested by proper authority.

NOTICE: While on this installation all personnel and the property under their control are subject to search. Controlled radioactive material being brought onto an AFMC installation must first be approved by the monitor for nuclear safety.

TO		FROM (Business Address or Orgn/ Symbol/Sponsor of Prime Contractor)		LOCAL BUSINESS ADDRESS OR SUB-CONTRACTOR/PHONE
NAME		MILITARY GRADE	SSN	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS
PLACE OF BIRTH		DATE OF BIRTH		CITIZEN (Country)
HAIR	HEIGHT	WEIGHT	EYES	
HOME ADDRESS				PHONE
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> GOVERNMENT EMPLOYEE	ISSUE DATE	CARD NUMBER (Locally Assigned)	
<input type="checkbox"/> OTHER _____ CONTRACT NUMBER _____ CARD EXPIRATION _____				
SIGNATURE OF RECIPIENT			SIGNATURE OF ISSUING	

REMARKS

CERTIFICATE OF REQUESTING OFFICIAL

I certify that the applicant has an official/authorized need for the credential requested and has been briefed on its proper use.

NAME/TITLE		BUSINESS ADDRESS OR ORGANIZATION/SYMBOL		
SIGNATURE		PHONE	DATE	